

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000047432

FILED  
Apr 02, 2008  
Secretary of State

Entity Name: IT CONSULTING & ADMIN SERVICES INC.

## Current Principal Place of Business:

555 WINDERLEY PLACE  
SUITE 300  
MAITLAND, FL 32751

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 877  
MOUNT DORA, FL 32756

## New Mailing Address:

FEI Number: 65-1012301

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ESCOBAR, FERNANDO  
5830 ANSLEY WAY  
MOUNT DORA, FL 32757 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ESCOBAR, FERNANDO  
Address: 5830 ANSLEY WAY  
City-St-Zip: MOUNT DORA, FL 32757

Title: S ( ) Delete  
Name: ESCOBAR, MONICA  
Address: 5830 ANSLEY WAY  
City-St-Zip: MOUNT DORA, FL 32757

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FERNANDO ESCOBAR

P

04/02/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date