

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000112906

FILED  
Mar 29, 2005  
Secretary of State

Entity Name: DADE COUNTY INSTITUTE OF TECHNOLOGY INC.

## Current Principal Place of Business:

9600 SW 8 STREET  
SUITE 42  
MIAMI, FL 33174 US

## New Principal Place of Business:

## Current Mailing Address:

9600 SW 8 STREET  
SUITE 42  
MIAMI, FL 33174 US

## New Mailing Address:

FEI Number: 65-1061842      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LUNA, ROBERTO  
565 NW 99 PLACE  
MIAMI, FL 33172 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: LUNA, ROBERTO  
Address: 565 NW 99 PLACE  
City-St-Zip: MIAMI, FL 33172

Title: V ( ) Delete  
Name: MATUS, JORGE  
Address: 13932 SW 8 TERRACE  
City-St-Zip: MIAMI, FL 33184

## 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 for the exemption stated in Section 119.07(3)(i), 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: ROBERTO LUNA

P

03/29/2005

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

\_\_\_\_\_  
Date