

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000097207

FILED  
Jan 06, 2006  
Secretary of State

**Entity Name:** INTERNATIONAL ACADEMY TRAINING CENTER, INC.

**Current Principal Place of Business:**

1100 NE 125TH ST, SUITE 204  
NORTH MIAMI, FL 33161

**New Principal Place of Business:**

**Current Mailing Address:**

1100 NE 125TH ST, SUITE 204  
NORTH MIAMI, FL 33161

**New Mailing Address:**

**FEI Number:** 65-1144843

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALISMA, W ALEX  
17234 NW 24TH PL  
MIAMI, FL 33056 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: D ( ) Delete  
Name: ALISMA, W ALEX  
Address: 1100 NE 125TH ST, SUITE 204  
City-St-Zip: NORTH MIAMI, FL 33161

Title: D ( ) Delete  
Name: FRANCOIS, LANDRY  
Address: 5502 WASHINGTON ST, APT D-103  
City-St-Zip: HOLLYWOOD, FL 33021

Title: A ( ) Delete  
Name: ALISMA, SHIRLEY F  
Address: 17234 NW 24TH PLACE  
City-St-Zip: MIAMI, FL 33056

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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:** W. ALEX ALISMA

D

01/06/2006

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

\_\_\_\_\_  
Date