2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000121275

Entity Name: IT TRAINING CENTER, INCORPORATED

FILED Apr 30, 2008 Secretary of State

	Current Principal Place of Business:	New Principal Place of Business
--	--------------------------------------	---------------------------------

12335 PEMBROKE ROAD 9000 SHERIDAN STREET

PEMBROKE PINES, FL 33025 SUITE 115

PEMBROKE PINES, FL 33024

Current Mailing Address: New Mailing Address:

5220 S UNIVERSITY DR 9000 SHERIDAN STREET STE C-102 SUITE 115

DAVIE, FL 33328 PEMBROKE PINES, FL 33024

FEI Number: 26-0006174 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SILVA'S ENTERPRISE, INC 5220 S UNIVERSITY DR STE C-102 DAVIE, FL 33328 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS () Delete Title: DPS (X) Change () Addition

Name: LEVI, JULIO F Name: LEVI, JULIO F

Address: 12335 PEMBROKE ROAD Address: 9000 SHERIDAN STREET SUITE 115
City-St-Zip: PEMBROKE PINES, FL 33025 City-St-Zip: PEMBROKE PINES, FL 33024

Title: DVT () Delete Title: DVT (X) Change () Addition

Name: ROZENTAL, CLAUDIO Name: ROZENTAL, CLAUDIO

Address: 3141 NE 211 STREET Address: 9000 SHERIDAN STREET SUITE 115
City-St-Zip: MIAMI, FL 33180 City-St-Zip: PEMBROKE PINES, FL 33024

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: CLAUDIO ROZENTAL DVT 04/30/2008