
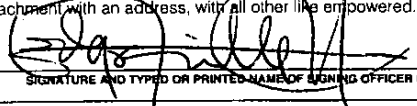


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90077 003 \*\*\*150.00

<b>DOCUMENT # P03000027779</b> 1. Entity Name <b>IT PROFESSIONAL SERVICES CORP.</b>					
Principal Place of Business <b>10839 JAPONICA CT BOCA RATON, FL 33498</b>			Mailing Address <b>10839 JAPONICA CT BOCA RATON, FL 33498</b>		
2. Principal Place of Business  Suite, Apt. #, etc. City & State Zip                      Country		3. Mailing Address <b>499 E PALMETTO PARK RD</b> <b>207</b> Suite, Apt. #, etc. City & State <b>BOCA RATON FL</b> Zip                      Country <b>33432 PALM FLA.</b>			
4. FEI Number <b>57-1161679</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>TRONCONE, MONIQUE 499 E PALMETTO PK RD STE 207 BOCA RATON, FL 33432</b>			7. Name and Address of New Registered Agent Name <b>EDGAR ZORRILLA</b> Street Address (P.O. Box Number is Not Acceptable) <b>10839 JAPONICA CT</b> City <b>BOCA RATON</b> <b>FL</b> Zip Code <b>33498</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ZORRILLA, EDGAR 10839 JAPONICA CT BOCA RATON, FL 33498		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date                      Daytime Phone #</small>		

**50035024**



03012005    Chg-P    CR2E034 (10/03)