2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2008
Secretary of State

DOCUMENT# P04000049804

Entity Name: INSTITUTE SUPERIOR TECHNIQUE NURSING REVIEW INC.

Current Principal Place of Business:

13971 OAK RIDGE DR.
DAVIE, FL 33325

New Principal Place of Business:

Current Mailing Address:

13971 OAK RIDGE DR.
DAVIE, FL 33325

New Mailing Address:

FEI Number: 74-3139012 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JACOTIN, PATRICK
18181 NE 31 COURT, #207
AVENTURA, FL 33160 US

Name and Address of New Registered Agent:

SCHWARTZ, STEVEN K P.A.
20801 BISCAYNE BLVD 506
AVENTURA, FL 33180 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: STEVEN K SCHWARTZ 06/26/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LECONTE, RITCHELLE E
Address: 13971 OAK RIDGE DR.
City-St-Zip: DAVIE, FL 33325

Title: S ( ) Delete
Name: LECONTE, MAXIME R
Address: 13971 OAK RIDGE DR.
City-St-Zip: DAVIE, FL 33325

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D ( ) Change (X) Addition
Name: GAETGENS, ANDRE
Address: 13971 OAK RIDGE DR.
City-St-Zip: DAVIE, FL 33325

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: RITCHELLE E. LECONTE P 06/26/2008
Electronic Signature of Signing Officer or Director Date