## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000090170

City-St-Zip:

WEST PALM BEACH, FL 33412

Entity Name: PALM BEACH INSTITUTE OF TECHNOLOGY, INC.

FILED Jul 05, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
Current	Tincipal Place	e of Busiliess.	New Pillicipal Plat	e of Busiliess.	
927 45TH	ST				
302	LM BEACH, F	33407			
WLSTFA	LIVI DLACI I, I	L 33407			
Current Mailing Address:			New Mailing Address:		
927 45TH 302		00.407			
WESTPA	LM BEACH, F	L 33407			
FEI Number	: 20-3041522	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
1840 SW 2 4TH FLOO		A.			
	named entity e of Florida.	submits this statement for the	ourpose of changing its registe	red office or registered agent, or both,	
SIGNATUI	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	PSD (	) Delete	Title:	( ) Change ( ) Addition	
Name:	ORTEGA, VICT	OR H	Name:	. , ,	
Address:	11854 68TH S	ΓN	Address:		
City-St-Zip:	WEST PALM E	EACH, FL 33412	City-St-Zip:		
Title:	VTD (	) Delete	Title:	( ) Change ( ) Addition	
Name:	ORTEGA, VICT	OR H JR	Name:		
Address:	6550 GARFIEL		Address:		
City-St-Zip:	HOLLYWOOD	FL 33024	City-St-Zip:		
Title:	VD (	) Delete	Title:	( ) Change ( ) Addition	
Name:	ORTEGA, JUA	•	Name:		
Address:	11854 68TH S	ΓN	Address:		

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.

City-St-Zip:

SIGNATURE: JUAN C ORTEGA VD 07/05/2007