## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000106769

MIAMI, FL 33182

City-St-Zip:

Entity Name: I.T. TEK, CORP

FILED Apr 04, 2008 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:		
1970 129T UNIT 105 MIAMI, FL				1970 NW 129TH AVE. UNIT 105 MIAMI, FL 33182		
Current Mailing Address:				New Mailing Address:		
1970 129T UNIT 105 MIAMI, FL				1970 NW 129TH AVE. UNIT 105 MIAMI, FL 33182		
FEI Number	: 65-0800996	FEI Number Applied For ( )	FEI Nun	nber Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
HABLICH, TOMAS 8217 NW 30TH TERRACE DORAL, FL 33122 US				HABLICH, TOMAS 1970 NW 129TH AVE. UNIT 105 MIAMI, FL 33182 US		
	e named entity e of Florida.	submits this statement for the p	purpose o	f changing its registered	office or registered agent, or both,	
SIGNATURE: TOMAS HABLICH					04/04/2008	
	Electro	nic Signature of Registered Ago	ent		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	ZAMBRANO, J	TH AVE. UNIT 105		Title: ( Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	FURIOANI, JO	TH AVE. UNIT 105		Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MORTOLA, FE	TH AVE. UNIT 105		Title: ( Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name: Address:	HABLICH, TON	) Delete MAS TH AVE. UNIT 105		Title: ( Name: Address:	( ) Change ( ) Addition	

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: TOMAS HABLICH MNGR 04/04/2008