## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000032129

Entity Name: SOLUTION INFORMATION TECHNOLOGY CORP.

FILED Jan 31, 2008 Secretary of State

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

2160 NORTHWEST 82 AVENUE 11491 NW 82 TERRACE DORAL, FL 33122 DORAL, FL 33178

Current Mailing Address: New Mailing Address:

2160 NORTHWEST 82 AVENUE 11491 NW 82 TERRACE DORAL, FL 33122 DORAL, FL 33178

FEI Number: 65-0909143 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:

GOULARTE, ROSIMERE
2160 NORTHWEST 82 AVENUE
MIAMI, FL 33122
US
GOULARTE, ROSIMERE
11491 NW 82 TERRACE
DORAL, FL 33178
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: 01/31/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

 Title:
 P/D
 ( ) Delete

 Name:
 RODRIGUES, ELTON V

 Address:
 2160 NW 82 AVF

Address: 2160 NW 82 AVE City-St-Zip: DORAL, FL 33122 US

Title: SEC () Delete
Name: GOULARTE, ROSIMEIRE R
Address: 131 NW 85 PLACE

Address: 131 NW 85 PLACE
City-St-Zip: MIAMI, FL 33126 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition

Name: RODRIGUES, ELTON V Address: 11491 NW 82 TERRACE City-St-Zip: DORAL, FL 33178 US

Title: VP/D (X) Change ( ) Addition

Name: GOULARTE, ROSIMEIRE R Address: 11491 NW 82 TERRACE City-St-Zip: DORAL, FL 33178 US

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: ROSIMEIRE GOULARTE VP/D 01/31/2008