

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000069463

**FILED**  
**Feb 18, 2009**  
**Secretary of State**

**Entity Name:** VEIZAGA SOFTWARE TRAINING & CONSULTING, INC.

**Current Principal Place of Business:**

1000 BRICKELL AVENUE  
SUITE 450  
MIAMI, FL 33131

**New Principal Place of Business:**

800 CLAUGHTON ISLAND DR.  
SUITE 2903  
MIAMI, FL 33131

**Current Mailing Address:**

1000 BRICKELL AVENUE  
SUITE 450  
MIAMI, FL 33131

**New Mailing Address:**

800 CLAUGHTON ISLAND DR.  
SUITE 2903  
MIAMI, FL 33131

**FEI Number:** 65-0938804

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VEIZAGA, SANDRA  
VEIZAGA SOFTWARE TRAINING & CONSULTIN INC  
1000 BRICKELL AVENUE, SUITE 450  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

VEIZAGA, SANDRA  
800 CLAUGHTON ISLAND DR.  
STE 2903  
MIAMI, FL 33131 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:** SANDRA VEIZAGA

02/18/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PSTD ( ) Delete  
**Name:** VEIZAGA, SANDRA  
**Address:** 1000 BRICKELL AVENUE SUITE 450  
**City-St-Zip:** MIAMI, FL 33131

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** PSTD (X) Change ( ) Addition  
**Name:** VEIZAGA, SANDRA  
**Address:** 800 CLAUGHTON ISLAND DR. STE 2903  
**City-St-Zip:** MIAMI, FL 33131

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:** SANDRA VEIZAGA

PD

02/18/2009

Electronic Signature of Signing Officer or Director

Date