


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90051 030 ***158.75

50010378



| | | | | | |
|---|---|--|---|---|--|
| DOCUMENT # P00000088167 | | | |  | |
| 1. Entity Name U - TT INTERNATIONAL, INC. | | | | | |
| Principal Place of Business 7370 NORTHWEST 36TH STREET SUITE 220-S MIAMI, FL 33166 | | Mailing Address 7370 NORTHWEST 36TH STREET SUITE 220-S MIAMI, FL 33166 | | | |
| 2. Principal Place of Business 7225 N.W. 25 STREET Suite, Apt. #, etc. SUITE 203 City & State MIAMI, FL Zip 33122 Country USA | | 3. Mailing Address 7225 N.W. 25 STREET Suite, Apt. #, etc. SUITE 203 City & State MIAMI, FL Zip 33122 Country USA | | | |
| 4. FEI Number 65-1043800 | | Applied For Not Applicable | | | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent MACDANIEL, JOHN M ESQ. ONE BISCAYNE TOWER, SUITE 2975 TWO SOUTH BISCAYNE BLVD. MIAMI, FL 33131 | | | 7. Name and Address of New Registered Agent Name INTERCOMP PROFESSIONAL SVCS, INC. Street Address (P.O. Box Number is Not Acceptable) C/O SUELE CORREA 290-174TH STREET - SUITE 2404 City SUNNY DAVES BCH FL Zip Code 33160 | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>SUELE CORREA</u> DATE: <u>1/30/05</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DASILVA, WALTER L 11520 NORTHWEST 50TH TERRACE MIAMI, FL 33178 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DASILVA, WALTER L 1620 SW 154TH AVE MIAMI, FL 33185 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S DASILVA, WALTER L 11520 NORTHWEST 50TH TERRACE MIAMI, FL 33178 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DASILVA, WALTER L 1620 SW 154TH AVE MIAMI, FL 33185 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T DASILVA, WALTER L 11520 NORTHWEST 50TH TERRACE MIAMI, FL 33178 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DASILVA, WALTER L 1620 SW 154TH AVE MIAMI, FL 33185 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>[Signature]</u> | | Date: <u>01-25-05</u> | | Daytime Phone #: <u>305-594-9424</u> | |