


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000088167

1. Entity Name
 U - TT INTERNATIONAL, INC.



Principal Place of Business 7225 NW 25 STREET SUITE 203 MIAMI, FL 33122	Mailing Address 7225 NW 25 STREET SUITE 203 MIAMI, FL 33122
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01292006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

INTERCOMP PROFESSIONAL SVCS., INC
 C/O SNELL CORREA
 290-174TH STREET SUITE 2404
 NORTH MIAMI BEACH, FL 33160

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agents signature required when renouncing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DASILVA, WALTER L 1620 SW 154TH AVE MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DASILVA, WALTER L 1620 SW 154TH AVE MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DASILVA, WALTER L 1620 SW 154TH AVE MIAMI, FL 33185
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 02/15/06-20052-001 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **x-1-30-06** **v3055949424**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #