


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90028 024 \*\*\*158.75

**DOCUMENT # P00000088167**

1. Entity Name  
 U - TT INTERNATIONAL, INC.



Principal Place of Business      Mailing Address  
 7225 NW 25 STREET      7225 NW 25 STREET  
 SUITE 203      SUITE 203  
 MIAMI, FL 33122      MIAMI, FL 33122

60025853



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

01282007      Chg-P      CR2E034 (12/06)

City & State      City & State

4. FEI Number      Applied For  
 65-1043800      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired       \$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

7. Name and Address of New Registered Agent

Name  
 INTERCOMP PROFESSIONAL, INC  
 Street Address (P.O. Box Number is Not Acceptable)  
 40 SUELI CORREA  
 17375 COLLINS AVENUE STE 1702  
 City      State      Zip Code  
 Sunny Isles Beach      FL      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: *[Signature]*      DATE: 1/28/07

Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DASILVA, WALTER L	
STREET ADDRESS	1620 SW 154TH AVE	
CITY-ST-ZIP	MIAMI, FL 33185	
TITLE	S	<input type="checkbox"/> Delete
NAME	DASILVA, WALTER L	
STREET ADDRESS	1620 SW 154TH AVE	
CITY-ST-ZIP	MIAMI, FL 33185	
TITLE	T	<input type="checkbox"/> Delete
NAME	DASILVA, WALTER L	
STREET ADDRESS	1620 SW 154TH AVE	
CITY-ST-ZIP	MIAMI, FL 33185	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 reports 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: *[Signature]*      Date: X 3-19-07      Daytime Phone #: X 305-594-9424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR