

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000088167

FILED  
Jan 23, 2009  
Secretary of State

Entity Name: U - TT INTERNATIONAL, INC.

**Current Principal Place of Business:**

1845 NW 112TH AVE.  
UNIT 208  
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

1845 NW 112TH AVE.  
UNIT 208  
MIAMI, FL 33172

**New Mailing Address:**

FEI Number: 65-1043800      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

INTERCOMP PROFESSIONAL SVCS., INC  
C/O SUELI CORREAN  
17375 COLLINS AVE., STE 1702  
NORTH MIAMI BEACH, FL 33160 US

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

INTERCOMP PROFESSIONAL SVCS., INC  
C/O SUELI CORREA  
17375 COLLINS AVE., STE 1702  
SUNNY ISLES BEACH, FL 33160 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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/23/2009

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DASILVA, WALTER L  
Address: 1620 SW 154TH AVE  
City-St-Zip: MIAMI, FL 33185

Title: S ( ) Delete  
Name: DASILVA, WALTER L  
Address: 1620 SW 154TH AVE  
City-St-Zip: MIAMI, FL 33185

Title: T ( ) Delete  
Name: DASILVA, WALTER L  
Address: 1620 SW 154TH AVE  
City-St-Zip: MIAMI, FL 33185

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: WALTER DASILVA

Electronic Signature of Signing Officer or Director

P

01/23/2009

Date