


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90052 045 \*\*\*150.00

**DOCUMENT # P03000009488**

1. Entity Name  
 IT INVESTMENTS - ITI, INC.



Principal Place of Business Mailing Address

C/O 2375 E. CAMELBACK ROAD, STE 700 C/O 2375 E. CAMELBACK ROAD, STE 700  
 ATTN: BENJAMIN AGUILERA ATTN: BENJAMIN AGUILERA  
 PHOENIX, AZ 85016 US PHOENIX, AZ 85016 US

**40050830**



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

C/O 2525 E Arizona Biltmore Circle C/O 2525 E Arizona Biltmore Circle  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Phoenix AZ Phoenix AZ

Zip Country Zip Country

85016 USA 85016 USA

01292008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

4. FEI Number Applied For

20-0741265 Not Applicable

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 Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DCP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONET, ROGER	NAME	
STREET ADDRESS	C/O 2375 E. CAMELBACK ROAD, SUITE 700	STREET ADDRESS	
CITY - ST - ZIP	PHOENIX, AZ 85016	CITY - ST - ZIP	
TITLE	DVPS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNOLA, ROBERTO A	NAME	
STREET ADDRESS	C/O 2375 E. CAMELBACK ROAD, SUITE 700	STREET ADDRESS	
CITY - ST - ZIP	PHOENIX, AZ 85016	CITY - ST - ZIP	
TITLE	D VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FONTECILLA, JAIME	NAME	
STREET ADDRESS	C/O 2375 E. CAMELBACK ROAD, SUITE 700	STREET ADDRESS	
CITY - ST - ZIP	PHOENIX, AZ 85016	CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEGA, CARMEN	NAME	
STREET ADDRESS	C/O 2375 E. CAMELBACK ROAD, SUITE 700	STREET ADDRESS	
CITY - ST - ZIP	PHOENIX, AZ 85016	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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 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: Carmen Vega 3/14/08 602 682 8421

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #