315-446-0010 Daylime Phone #

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: CONSTANTING SCUITS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAM OF SER OR DIRECTOR

	ANNUAL F	EPORT (A	R)			FILED)
DOCU 1. Entity Nan	MENT # P030000404	53				08, 2006 0 ecretary o	8:00 A
SITRUCS	, INC.					cictary o	Diate
Principal Place of Business Mailing Address			.	,			
3211 PONCE DE LEON BLVD		P.O. BOX 331070					
# 20 CORAL GABLES FL 33134		MIAMI FL 33233					
2. Principal Place of Business		3. Mailing Address				6 86 <u>86 </u> 82 83	ANI GIIAN TIIINAF II IRAT
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE	CR2E034 (10)/05)
City & State		City & State		4. FEI Number 65-118	·	Applied For Not Applica	
Zip	Country	Zip	Count	ry <u> </u>	5. Certificate of Status Dec	Fee	75 Additional Required
	6. Name and Address of Current	Registered Agent		Name	7. Name and Address of	New Registered Agen	<u>.t. </u>
265	RTINI, GREGORY T 5 LEJEUNE ROAD, SUITE 1 RAL GABLES FL 33134	101 .		·	P.O. Box Number is Not Acce	ptable)	
				City		FL	Zip Code
	a named entity submits this statement fi tions of registered agent.	or the purpose of changing	g its registere	d office or register	ed agent, or both, in the State	of Florida, I am famili	iar with, and acce
SIGNATURE	Signature hyped or printed name of registered agent	and title it applicable	(NOTE: Registered	Agent signature required	when reinstating)	DATE	7: 7
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.00 k Payable to Florida Department o					Campaign Financing d Contribution.	\$5.00 May Added to Fee
10,	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO	OFFICERS AND DIR	ECTORS IN 11
TITLE NAME STREET ADORESS	D SCURTIS, CONSTANTINE J P.O. BOX 331070	Delete		T ADDRESS			Change ☐ AGC
CITY-ST-ZIP	COCONUT GROVE FL 33233	, , -		ST-ZIP		18424852	
HAME STREET ADDRESS CRY-ST-ZIP		☐ Delete	1	T ADDRESS ST-ZIP	02/18/08	-80057-014¶	Shinoo Dari
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete		T ADDRESS ST-ZIP			Change Ass
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREE	T ADDRESS ST-ZIP			Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP			Change TAU
INTLE NAME STREET ADDRESS CITY-S1-ZIP		Delete	#	T ADDRESS SI-ZIP			Change A
or the co	certify that the information supplied will on this report or suppliemental report of poration or the receiver or trustee emod, or on an attachment with an address	powered to execute this re	eport as regu	emptions containe ire shall have the red by Chapter 60	d in Section 119, Florida Stat same legal effect as if made u 17, Florida Statutes; and that n	utes. I further certify it inder oath, that I am ar ny name appears in Bi	nat the Information officer or directock 10 or Block