

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # S09965</b><br>1. Entity Name<br>I.T.N. OF MIAMI, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                          |                     |                                                                                  |                                              |                                                                              | <b>FILED</b><br>06 APR 28 PM 12:50<br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA |  |
| Principal Place of Business<br>2800 S. ANDREWS AVENUE<br>FT. LAUDERDALE, FL 33316 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                          |                     |                                                                                  | Mailing Address<br>2800 S. ANDREWS AVENUE<br>FT. LAUDERDALE, FL 33316                                                         |                                                                              |                                                                                  |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                          | 3. Mailing Address  |                                                                                  |                                             |                                                                              |                                                                                  |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                          | Suite, Apt. #, etc. |                                                                                  |                                                                                                                               |                                                                              |                                                                                  |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                          | City & State        |                                                                                  |                                                                                                                               |                                                                              |                                                                                  |  |
| Zip Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                          | Zip Country         |                                                                                  |                                                                                                                               |                                                                              |                                                                                  |  |
| 4. FEI Number<br>65-0225893                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                          |                     |                                                                                  | Applied For<br><input type="checkbox"/> Not Applicable                                                                        |                                                                              |                                                                                  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                          |                     |                                                                                  | \$8.75 Additional Fee Required                                                                                                |                                                                              |                                                                                  |  |
| 6. Name and Address of Current Registered Agent<br><br>CT CORPORATION SYSTEM<br>C/O CT CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                          |                     |                                                                                  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |                                                                              |                                                                                  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                          |                     |                                                                                  |                                                                                                                               |                                                                              |                                                                                  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                          |                     | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                               |                                                                              | \$5.00 May Be Added to Fees                                                      |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                          |                     |                                                                                  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                         |                                                                              |                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PCEO<br>AFTIMOS, ASMA<br>2800 S. ANDREWS AVENUE<br>FT. LAUDERDALE, FL 33316 <input type="checkbox"/> Delete              |                     |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>AFTIMOS, ASMA<br>2800 S. ANDREWS AVENUE<br>FT. LAUDERDALE, FL 33316 <input type="checkbox"/> Delete                 |                     |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | V<br>AFTIMOS, FADI<br>2800 S. ANDREWS AVENUE<br>FT. LAUDERDALE, FL 33316 <input type="checkbox"/> Delete                 |                     |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                | 400074509074<br>05/12/06--01012--011 **150.00                                |                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | V<br>KALTENBACH, ROBERT<br>2800 S. ANDREWS AVENUE<br>FT. LAUDERDALE, FL 33316 <input checked="" type="checkbox"/> Delete |                     |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>BASSETT, DAVID G<br>2800 S. ANDREWS AVENUE<br>FT. LAUDERDALE, FL 33316 <input type="checkbox"/> Delete              |                     |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SCFO<br>NASH, JOHN<br>2800 S. ANDREWS AVENUE<br>FT. LAUDERDALE, FL 33316 <input type="checkbox"/> Delete                 |                     |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                  |  |
| 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: <u>Todd A. Juck</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                          |                     |                                                                                  | 4-26-06 (954) 320-5300<br><small>Date Daytime Phone #</small>                                                                 |                                                                              |                                                                                  |  |