2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S09965

Entity Name: I.T.N. OF MIAMI, INC.

FILED Mar 18, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
2800 S. ANDREWS AVENUE FT. LAUDERDALE, FL 33316				2800 S. ANDREWS AVENUE FORT LAUDERDALE, FL 33316			
Current Mailing Address:				New Mailing Address:			
2800 S. ANDREWS AVENUE FT. LAUDERDALE, FL 33316			2800 S. ANDREWS AVENUE FORT LAUDERDALE, FL 33316				
FEI Number: (65-0225893	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable () C	ertificate of Status Desired()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
C/O CT CO 1200 SOUT PLANTATIO	RATION SYST RPORATION S H PINE ISLAN DN, FL 33324 named entity si	SYSTEM D ROAD	rpose o	f changing it:	s registered offic	e or registered agent, or bot	:h,
in the State	of Florida.	·			•		
SIGNATUR		Signature of Registered Agent	+			 Date	_
Election Cam		Trust Fund Contribution ().				Date	
		,		ADDITION	SICHANGES TO	OFFICERS AND DIRECT	ODC.
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PRES () I AFTIMOS, ASMA 2800 S. ANDREN FORT LAUDERD	VS AVENUE		Title: Name: Address: City-St-Zip:	() Ch	nange () Addition	
Title: Name: Address: City-St-Zip:	VP ()[AFTIMOS, FADI 2800 S. ANDREV FORT LAUDERD			Title: Name: Address: City-St-Zip:	() Ch	nange () Addition	
Title: Name: Address: City-St-Zip:	SEC () I NASH, JOHN 2800 S. ANDREV FORT LAUDERD			Title: Name: Address: City-St-Zip:	() Ch	nange () Addition	
Title: Name: Address: City-St-Zip:	CFO () I NASH, JOHN 2800 S. ANDREV FORT LAUDERD	VS AVENUE		Title: Name: Address: City-St-Zip:	() Cr	nange () Addition	
Title: Name: Address: City-St-Zip:	CEO () I AFTIMOS, ASMA 2800 S. ANDREW FORT LAUDERD	VS AVENUE		Title: Name: Address: City-St-Zip:	DIR (X) CH BERMAN, DOUG 2800 S. ANDREWS FORT LAUDERDA		
Title: Name: Address: City-St-Zip:	DIR () I BASSETT, DAVII 2800 S. ANDREV FORT LAUDERD	VS AVENUE		Title: Name: Address: City-St-Zip:	() Cr	nange () Addition	

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: MANDELINE HENDRICKS POA 03/18/2009