


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 508607 1. Entity Name IT SUPPLY, INC.	
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Principal Place of Business 48 N.E. 15TH STREET HOMESTEAD, FL 33030 US	Mailing Address 48 NE 15TH ST HOMESTEAD, FL 33030
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DO NOT WRITE IN THIS SPACE



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1668896	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent IBARRA, JULIANO H 48 N.E. 15TH STREET HOMESTEAD, FL 33030
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	INDTE Registered Agent signature required when reinstating	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000504005 04/26/06-80055-018 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST IBARRA, JULIANO H 9300 SW 80TH TERR MIAMI, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TUCKER, EDWARD F 1814 N W 8TH TERRACE HOMESTEAD, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V IBARRA, JULIANO H 9300 SW 80TH TERR MIAMI, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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>Juliano H Ibarra</u> <u>Juliano H IBARRA</u> <u>4/10/2006</u> <u>305 247 5327</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date	Daytime Phone #
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