2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 508607

1. Entity Name
IT SUPPLY, INC.

Principal Place of Business	Mailing Address
48 N.E. 15TH STREET HOMESTEAD, FL 33030 US	48 NE 15TH ST HOMESTEAD, FL 33030

DO NOT WRITE IN THIS SPACE

01092007   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-1668896	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$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

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000677624 03/30/07-80111-024 150.00

10. OFFICERS AND DIRECTORS	
TITLE	DST
NAME	IBARRA, JULIANO H
STREET ADDRESS	9300 SW 80TH TERR
CITY-ST-ZIP	MIAMI, FL 00000,
TITLE	DP
NAME	TUCKER, EDWARD F
STREET ADDRESS	1814 N W 8TH TERRACE
CITY-ST-ZIP	HOMESTEAD, FL 00000,
TITLE	V
NAME	IBARRA, JULIANO H
STREET ADDRESS	9300 SW 80TH TERR
CITY-ST-ZIP	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: _Juliano H Ibarra_   3/22/2007   305 247 5327

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