

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02000005782**

1. Entity Name  
**ITG VEGAS, INC.**



Principal Place of Business  
**ONE EAST 11TH ST  
SUITE 500  
RIVIERA BEACH, FL 33404**

Mailing Address  
**ONE EAST 11TH ST  
SUITE 500  
RIVIERA BEACH, FL 33404**



03042003 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**80-0025831**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MCTIGHE, JOHN M  
ONE EAST 11TH ST  
SUITE 500  
RIVIERA BEACH, FL 33404**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	PCD
NAME	MURRAY, FRANCIS W
STREET ADDRESS	211 BENIGNO BOULEVARD, SUITE 210
CITY - ST - ZIP	BELLMAWR, NJ 08031
TITLE	V
NAME	MURRAY, FRANCIS X
STREET ADDRESS	ONE EAST 11TH ST, SUITE 500
CITY - ST - ZIP	RIVIERA BEACH, FL 33404
TITLE	ST
NAME	NEWELL, CHRISTINE R
STREET ADDRESS	211 BENIGNO BOULEVARD, SUITE 210
CITY - ST - ZIP	BELLMAWR, NJ 08031
TITLE	AT
NAME	WINTERS, JERRY
STREET ADDRESS	ONE EAST 11TH ST, SUITE 500
CITY - ST - ZIP	WEST PALM BEACH, FL 33404
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/19/04-80004-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** **Francis X. Murray** **May 13, 2004** **561-845-2101**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #