

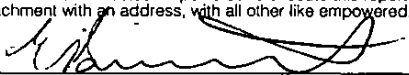


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90074 032 \*\*\*150.00

<b>DOCUMENT # F30145</b> 1. Entity Name ETRIT, INC.			
Principal Place of Business 825 ARTHUR GODFREY ROAD SECOND FLOOR MIAMI BEACH, FL 33140		Mailing Address 825 ARTHUR GODFREY ROAD SECOND FLOOR MIAMI BEACH, FL 33140	
<b>DO NOT WRITE IN THIS SPACE</b>			
		02042005 No Chg-P CR2E034 (10/03)	
		4. FEI Number NOT APPLICABLE	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  CYPEN, STEPHEN H 825 ARTHUR GODFREY ROAD MIAMI BEACH, FL 33140		<b>DO NOT WRITE IN THIS SPACE</b>	
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. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE	DPT		
NAME	BIENSTOCK, ETTY		
STREET ADDRESS	3442 STANLEY ST.		
CITY-ST-ZIP	MONTREAL, QUEBEC H3A 1G2,		
TITLE	DVS		
NAME	BOROD, ERIT		
STREET ADDRESS	3442 STANLEY ST.		
CITY-ST-ZIP	MONTREAL, QUEBEC H3A 1G2,		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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.			
<b>SIGNATURE:</b> 		ETTY BIENSTOCK	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		MARCH 5, 2005 514 867 9650	
		Date Daytime Phone #	