

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

Sep 08, 2004 08:00 AM
Secretary of State

DOCUMENT # G39832

1. Entity Name
IT I INTER-TRADE INDUSTRIAL, INC.



Principal Place of Business

9655 SOUTH DIXIE HWY
SUITE 116
MIAMI, FL 33156-2813 US

Mailing Address

9655 SOUTH DIXIE HWY
SUITE 116
MIAMI, FL 33156-2813 US



05182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2303865

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FUNES DE CALDERON, MARTHA A.
8395 SW 102 STREET
MIAMI, FL 33156

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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

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
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
NAME
STREET ADDRESS
CITY - ST - ZIP
VSD
FUNES DE CALDERON MARTHA
8395 SW 102 STREET
MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
CALDERON, MARIO R
8395 SW 102 STREET
MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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09/08/04-80009-019 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #