

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90226 004 \*\*\*158.75

**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

60055573



2. Principal Place of Business  
2828 CORAL WAY  
Suite, Apt. #, etc.  
308

3. Mailing Address  
2828 CORAL WAY  
Suite, Apt. #, etc.  
308

04282006 Chg-P CR2E034 (11/05)

City & State  
CORAL GABLES, FL

City & State  
CORAL GABLES, FL

4. FEI Number  
59-2303865

Applied For  
Not Applicable

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

Zip Country Zip Country  
33145-3214 u.s.a. 33145-3214 U.S.A.

6. Name and Address of Current Registered Agent  
FERNANDEZ, RAFAEL A  
9655 S. DIXIE HWY.  
STE. 116  
MIAMI, FL 33156

7. Name and Address of New Registered Agent  
Name  
FERNANDEZ, RAFAEL A  
Street Address (P.O. Box Number is Not Acceptable)  
2828 CORAL WAY, SUITE 308  
City  
CORAL GABLES FL Zip Code  
33145-3214

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, 2006 Fee will be \$550.00

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSD	<input type="checkbox"/> Delete	TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, RAFAEL A		NAME	FERNANDEZ, RAFAEL A	
STREET ADDRESS	9655 S. DIXIE HWY., STE. 116		STREET ADDRESS	2828 CORAL WAY, SUITE 308	
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP	CORAL GABLES, FL 33145-3214	
TITLE	VTD	<input type="checkbox"/> Delete	TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIELEWCZYK DE GLOC, BEATA EWA		NAME	MIELEWCZYK DE GLOC, BEATA EWA	
STREET ADDRESS	9655 S. DIXIE HWY., STE 116		STREET ADDRESS	2828 CORAL WAY, SUITE 308	
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP	CORAL GABLES, FL 33145-3214	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:** \_\_\_\_\_ Date 4/28/06 Daytime Phone # 305-446-1886  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR