
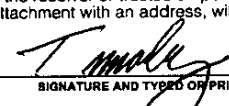


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90036 040 ***150.00

DOCUMENT # M01814 1. Entity Name ITB PROPERTIES INC.			
Principal Place of Business 4338 SW 8 ST. MIAMI, FL 33134		Mailing Address 4338 SW 8 ST. MIAMI, FL 33134	
2. Principal Place of Business - No P.O. Box # 10070 SW 57 Ave. Suite, Apt. #, etc.		3. Mailing Address 10070 SW 57 Ave Suite, Apt. #, etc.	
City & State MIAMI. FL		City & State MIAMI. FL	
Zip 33156		Zip 33156	
Country		Country	
4. FEI Number 59-2428055		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAKO, FORIAL 4338 SW 8 ST MIAMI, FL 33134		7. Name and Address of New Registered Agent Name TAKO, FORIAL Street Address (P.O. Box Number is Not Acceptable) 10070 SW 57 Ave. City MIAMI FL Zip Code 33156	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAKO, FORIAL 4338 SW 8 ST. MIAMI, FL 33134	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAKO, FORIAL 10070 SW 57 Ave MIAMI. FL. 33156	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAKO, FORIAL 10070 SW 57 Ave MIAMI. FL. 33156	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date 2/12/07 Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			