

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2007 08:00 AM
Secretary of State

DOCUMENT # M05540

1. Entity Name
INTERNATIONAL TRACTOR EXPORT COMPANY, INC.



Principal Place of Business
**7823 NW 72 AVE.
MIAMI, FL 33166**

Mailing Address
**7823 NW 72 AVE.
MIAMI, FL 33166**



07162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2451369

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DIAZ-BERGNES, GABRIEL
814 PONCE DE LEON BLVD.
SUITE 505
CORAL GABLES, FL 33134**

**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 _____

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 14, 2007**

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
**D
LUCIANO, LANZA A
944 SW 60 PL
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
LANZA, FRANCISCO J.
10450 S.W. 19TH STREET
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
LEON, MIGUEL A
7001 SW 60 ST
MIAMI, FL 33143**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**AS
COMPOS, IVAN N
7330 NW 114
MIAMI, FL 33178**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
PINON, MARITZA Y
13854 SW 32 ST
MIRAMAR, FL 33027**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000769600
07/19/07-80008-011 158.75

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/07

Date

305-884-1702

Daytime Phone #