

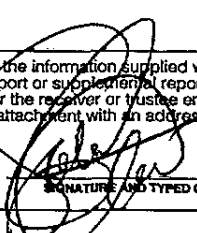


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # M46742 1. Entity Name INTERNATIONAL TERRY PRODUCTS, INC.			
Principal Place of Business 19401 W DIXIE HWY MIAMI, FL 33180		Mailing Address 19401 W. DIXIE HWY 14652 BISCAYNE BLVD. MIAMI, FL 33180 US	
DO NOT WRITE IN THIS SPACE			
			
		02102005 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-2769698		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GROSFELD, SALO 19401 W DIXIE HWY MIAMI, FL 33180		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		1100000243758 02/25/05-80054-007 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D GROSFELD, SALO 19401 W DIXIE HWY MIAMI, FL 33180	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D GROSFELD, JAIME 13390 BISCAYNE BAY DR MIAMI, FL 33181	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
DO NOT WRITE 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: 		PRESIDENT 2/23/05 305-933 7100 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>	
SALO GROSFELD			