

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90214 011 ***150.00

DOCUMENT # P00000032941	
1. Entity Name IT NEW VISION, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4331 S.W. 160 AVENUE Suite, Apt. #, etc. SUITE 107 City & State MIRAMAR, FL Zip 33027 Country U.S.A.	3. Mailing Address 4331 S.W. 160 AVENUE Suite, Apt. #, etc. SUITE 107 City & State MIRAMAR, FL Zip 33027 Country U.S.A.
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0997804	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name CARLOS ARDILA	
Street Address (P.O. Box Number is Not Acceptable) 4331 S.W. 160 AVENUE	
SUITE 107	
City MIRAMAR	FL Zip Code 33027

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

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE PST	NAME CARLOS ARDILA	TITLE	NAME
STREET ADDRESS 4331 S.W. 160 AVENUE #107	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP MIRAMAR, FL 33027	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS H. ARDILA D. Pres. 04/22/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)