## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000088167

City-St-Zip: MIAMI, FL 33185

II TT INTERNATIONAL INC

FILED Jan 23, 2009 Secretary of State

Entity Name: U - 11 INTERNATIONAL, INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
1845 NW 1 UNIT 208 MIAMI, FL	112TH AVE. 33172				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
1845 NW 112TH AVE. UNIT 208 MIAMI, FL 33172					
FEI Number:	: 65-1043800	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
INTERCOMP PROFESSIONAL SVCS., INC C/O SUELI CORREAN 17375 COLLINS AVE., STE 1702 NORTH MIAMI BEACH, FL 33160 US  The above named entity submits this statement for the purpose on the State of Florida.			C/O SUELI CORREA 17375 COLLINS AVE., ' SUNNY ISLES BEACH,	17375 COLLINS AVE., STE 1702 SUNNY ISLES BEACH, FL 33160 US	
SIGNATUR				01/23/2009	
Electronic Signature of Registered Agent			ent		
Election Car	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( DASILVA, WAL 1620 SW 154T MIAMI, FL 331	H AVE	Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S ( DASILVA, WAL 1620 SW 154T MIAMI, FL 331	H AVE	Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	T ( DASILVA, WAL 1620 SW 154T		Title: ( Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: WALTER DASILVA 01/23/2009