


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90473 001 *****8.75
04-24-2006 90473 002 ***150.00

DOCUMENT # P00000088534		
1. Entity Name IT-DS SPINOZZI INC.		

Principal Place of Business 17 JACARANDA DRIVE, #117 PLANTATION, FL 33324	Mailing Address 17 JACARANDA DRIVE, #117 PLANTATION, FL 33324
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66011274



2. Principal Place of Business 17 JACARANDA DR Suite, Apt. #, etc. 117 City & State Plantation FL Zip 33324 Country USA	3. Mailing Address 17 JACARANDA DR Suite, Apt. #, etc. 117 City & State Plantation FL Zip 33324 Country USA
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04182006 Chg-P CR2E034 (11/05)

4. FEI Number 65-1040967	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SPINOZZI, DIANE T 17 JACARANDA DRIVE, #117 PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name DIANE T. SPINOZZI Street Address (P.O. Box Number is Not Acceptable) 17 JACARANDA DR City Plantation FL 33324 State FL Zip Code
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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 Diane T. Spinozzi DIANE T. SPINOZZI 4/20/06
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SPINOZZI, DIANE T 17 JACARANDA DRIVE, #117 PLANTATION, FL 33324 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SPINOZZI, DIANE T 17 JACARANDA DRIVE, #117 PLANTATION, FL 33324 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Diane T. Spinozzi Diane T. Spinozzi 4/20/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #