

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000114932

1. Entity Name
S I T CORPORATION



Principal Place of Business
13200 S.W. 128 STREET - BLD'G H
MIAMI, FL 33186

Mailing Address
13200 S.W. 128 STREET - BLD'G H
MIAMI, FL 33186

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

FILED
05 OCT 14 PM 5:10
SECRET
TALLAHASSEE, FLORIDA



10102005 Chg-P CR2E034 (10/03)

4. FEI Number
65-1073665

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
PALUCCI, OTTAVIO
15420 S.W. 156 AVENUE
MIAMI, FL 33187

7. Name and Address of New Registered Agent
Name: PALUCCI, OTTAVIO
Street Address (P.O. Box Number is Not Acceptable): 6202 SW 98 ST.
City: MIAMI FL Zip Code: 33156

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: Ottavio Palucci DATE: 10/14/05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PALUCCI, OTTAVIO 15420 S.W. 156 AVENUE MIAMI, FL 33187 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PALUCCI, OTTAVIO 6202 SW 98 ST MIAMI, FL 33156 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100060626204 10/14/05--01052--007 **\$61.25 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Ottavio Palucci PRESIDENT 10/14/05 (305) 255 3127

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #