


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000061990 1. Entity Name INTER TECH DATA SYSTEMS OF BROWARD COUNTY, INC.	
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FILED
Apr 19, 2007 08:00 AM
Secretary of State

Principal Place of Business 330 S. STATE RD. 7 MARGATE, FL 33068-5703	Mailing Address 330 S. STATE RD. 7 MARGATE, FL 33068-5703
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04092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1116325	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEVY, BENNY 330 S. STATE RD. 7 MARGATE, FL 33068-5703
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**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	D LEVY, BENNY 330 S. STATE RD. 7 MARGATE, FL 330685703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEVENS, LEVY A 330 S STATE RD 7 POMPANO BEACH, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U000000716378
04/30/07-80005-017 150.00

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/07
Date Daytime Phone #