2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)					FILED Apr 25, 2003 8:00 am Secretary of State	
DOCUMENT # P0100064587 1. Entity Name CUTAJAR & EDMONDSON IT GROUP, INCORPORATED					Secretary of 04-25-2003 90192 016 **	
15968 W 15T	ce of Business H ST PINES FL 33027	Mailing Address 15968 W 15TH ST PEMBROKE PINES FL 3	33027			
	Place of Business 8 5.W 15TH ST #, etc.	Suite, Apt. #, etc.	W. ISTH :	ST.		
PEMBE	ROKE PINES, FL	PEMBROKE		FL	4. FEI Number 65-1110490	Applied For Not Applicable
3302		33027	Country		5. Certificate of Status Desired Status Desired	Additional equired
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent						
CUTAJAR, PHILIP 15968 W 15TH ST PEMBROKE PINES FL 33027						
City Pan Panice Pinker FL Zip Code						
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						
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution. Added to Fees						
10. TITLE	D OFFICERS AND I		11.	1	ADDITIONS/CHANGES TO OFFICERS AND DIREC	
NAME STREET ADDRESS CITY-ST-ZIP	EDMONDSON, PATRIC H 1170 MYSTIC WAY WEST PALM BEACH FL 33414		NAME STREET ADDRESS CITY - ST - ZIP			ange Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cutajar, Philip 1170 Mystic Way West Palm Beach Fl 33414	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		AR, PHILIP S.W. 15TH ST.	ange 🗆 Addition 🔀
TITLE NAME STREET ADDRESS	WEST FALM DEACH FL 33414	Delete	TITLE - NAME STREET ADDRESS	<u> 72/19</u>	Ruke Proces, FL 33627	ange 🗌 Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Cha	nge 🗌 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 of the address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPES OF PRINCED AND OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Description Descriptio						