

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

5/5/2

FILED
May 29, 2003 8:00 am
Secretary of State

05-05-2003 90291 020 ***150.00

DOCUMENT # P01000070515



1. Entity Name
I.T.C. OF AMERICA CORP.

Principal Place of Business
**442 MENDOZA AVENUE
CORRAL GABLES FL 33134**

Mailing Address
**442 MENDOZA AVENUE
CORRAL GABLES FL 33134**

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

3. Mailing Address
**3400 CORAL WAY
#600
MIAMI, FLORIDA**
City & State
Zip

4. FEI Number **65-1122401** Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent
**SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 ST
4TH FLOOR
MIAMI FL 33145**

7. Name and Address of New Registered Agent
Name **AMPARO R. DIAZ**
Street Address (P.O. Box Number is Not Acceptable)
3400 CORAL WAY, #600
City **MIAMI** FL Zip Code **33145-3053**

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 *Amparo R. Diaz* (NOTE: Registered Agent signature required when reinstating) **04-15-03**
Signature, typed or printed name of registered agent and title if applicable. DATE

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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD VALLARINO, MONICA A 442 MENDOZA AVENUE CORRAL GABLES FL 33134	<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
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
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 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: *Amparo R. Diaz* **AMPARO R. DIAZ=REGISTERED AGENT** **04-15-03**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)