

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000008044

Entity Name: ITAUTEC AMERICA, INC.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

1935 NW 87TH AVENUE
DORAL, FL 33172 US

New Principal Place of Business:

Current Mailing Address:

1935 NW 87TH AVENUE
DORAL, FL 33172 US

New Mailing Address:

FEI Number: 75-2614882

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NETO, PAUL SETUBAL
Address: RUA SANTA CATARINA 01, 2ND FLOOR
City-St-Zip: SAO PAULO, SP 03086

Title: VPD () Delete
Name: VITA FILHO, CLAUDIO
Address: RUA SANTA CATARINA 01, 2ND FLOOR
City-St-Zip: SAO PAULO, SP 03086

Title: VPD () Delete
Name: DE CASTILHO, GUILHERME A
Address: RUA SANTA CATARINA 01, 2ND FLOOR
City-St-Zip: SAO PAULO, SP 03086

Title: TD () Delete
Name: SETUBAL, RICARDO E
Address: RUA SANTA CATARINA 01, 2ND FLOOR
City-St-Zip: SAO PAULO, SP 03086

Title: SGM () Delete
Name: DE CASTILHO, EDUARDO A
Address: 1935 NW 87TH AVENUE
City-St-Zip: DORAL, FL 33172 US

Title: COOD () Delete
Name: SCHVARTZMAN, SIMON R
Address: 1935 NW 87TH AVENUE
City-St-Zip: DORAL, FL 33172 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NETO, PAULO SETUBAL
Address: RUA SANTA CATARINA 01, 2ND FLOOR
City-St-Zip: SAO PAULO, SP 03086

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDUARDO ARCHER DE CASTILHO

SGM

04/30/2008

Electronic Signature of Signing Officer or Director

Date