

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91053 049 ***150.00

DOCUMENT # P02000041724					
1. Entity Name ITC-INTEGRATED TECHNOLOGIES CORPORATION					
Principal Place of Business 915 MIDDLE RIVER DR. SUITE 410 FORT LAUDERDALE, FL 33304			Mailing Address 915 MIDDLE RIVER DR. SUITE 410 FORT LAUDERDALE, FL 33304		
2. Principal Place of Business 757 S.E. 17 ST Suite, Apt. #, etc. 955		3. Mailing Address P.O. BOX 832137 Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">24065852</div>	
City & State FT. LAUDERDALE, FL		City & State MIAMI, FL		4. FEI Number 45-0474086	
Zip 33302		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUIZ, DAVID J 915 MIDDLE RIVER DR. FORT LAUDERDALE, FL 33304			7. Name and Address of New Registered Agent Name: <u>COMPLETE CORPORATE SERVICES, INC.</u> Street Address (P.O. Box Number is Not Acceptable): <u>7730 SW 68 TR</u> City: <u>MIAMI</u> FL Zip Code: <u>33143</u>		
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: <u>[Signature]</u> <u>A. Baller</u> <u>Pres.</u> <u>4-30-04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME RUIZ, DAVID J		<input type="checkbox"/> Delete		
STREET ADDRESS 757 SE 17TH ST CAUSEWAY STE 955	CITY-ST-ZIP FORT LAUDERDALE, FL 33316		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP	NAME BAELESTAS, ACHEILLES		<input type="checkbox"/> Delete		
STREET ADDRESS 915 MIDDLE RIVER DR., SUITE 410	CITY-ST-ZIP FORT LAUDERDALE, FL 33304		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	NAME _____		<input type="checkbox"/> Delete		
STREET ADDRESS _____	CITY-ST-ZIP _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	NAME _____		<input type="checkbox"/> Delete		
STREET ADDRESS _____	CITY-ST-ZIP _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	NAME _____		<input type="checkbox"/> Delete		
STREET ADDRESS _____	CITY-ST-ZIP _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	NAME _____		<input type="checkbox"/> Delete		
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: <u>[Signature]</u> <u>4-30-04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					