

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000041724

1. Entity Name
ITC-INTEGRATED TECHNOLOGIES CORPORATION



Principal Place of Business Mailing Address
757 S.E. 17TH STREET 757 S.E. 17TH STREET
SUITE 955 SUITE 955
FT. LAUDERDALE, FL 33316 FT. LAUDERDALE, FL 33316



01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
45-0474086 Not Applicable

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

6. Name and Address of Current Registered Agent

COMPLETE CORPORATE SERVICES, INC.
7730 SW 68 TERRACE
MIAMI, FL 33143

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RUIZ, DAVID J
STREET ADDRESS 757 S.E. 17TH STREET, #955
CITY-ST-ZIP FT. LAUDERDALE, FL 33316

TITLE VP
NAME BALLESTAS, ACHILLES
STREET ADDRESS 757 S.E. 17TH STREET, #955
CITY-ST-ZIP FT. LAUDERDALE, FL 33316

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01/24/05-80095-018 150.00

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IN THIS SPACE**

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: David J. Ruiz, PD Date: 1/12/04 Daytime Phone #: 954-450-2099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR