

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90056 012 ***150.00

DOCUMENT # P02000045434 1. Entity Name IT SPECIALISTS, INC.			
Principal Place of Business 4851 NW-103 AVE 44-A FORT LAUDERDALE, FL 33351		Mailing Address 4851 NW 103 AVE 44-A FORT LAUDERDALE, FL 33351	
2. Principal Place of Business 314 S LUNA Ct.		3. Mailing Address 314 S. LUNA Ct.	
Suite, Apt. #, etc. #1		Suite, Apt. #, etc. #1	
City & State Hollywood - FL		City & State Hollywood - FL	
Zip 33021		Zip 33021	
Country USA		Country USA	
4. FEI Number 01-0679499		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired - <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent R&P ACCOUNTING & TAXES INC. 141 NE 3RD AVE. 406 MIAMI, FL 33132		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAITIA, VICTORIA S 3501 JACKSON STREET HOLLYWOOD, FL 33021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASULLO, LETICIA 314 S LUNA Ct #1 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DGM MASULLO, LETICIA 314 S LUNA COURT #1 HOLLYWOOD, FL 33021	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 03.10.04 Daytime Phone # 1-305-953-1733	