2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91512 029 ***150.00

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1. Entity Name
IT SPECIALISTS, INC.

Principal Place of Business	Mailing Address
3501 JACKSON STREET SUITE 204 HOLLYWOOD FL 33021	3501 JACKSON STREET SUITE 204 HOLLYWOOD FL 33021

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4851 SW 103 AVE	
Suite, Apt. #, etc. # 44-A	Suite, Apt. #, etc. SAME
City & State SUNRISE FL	City & State
Zip 33351 Country Broward	Zip Country

4. FEI Number 01-0679499 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
R&P ACCOUNTING & TAXES INC. 141 NE 3RD AVE #604 MIAMI FL 33132	Name Street Address (P.O. Box Number is Not Acceptable) 141 NE 3RD AVE #406 City MIAMI FL Zip Code 33132

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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			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	☐ Delete		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/General Manager	☐ Delete	D/Director/General Manager LETICIA M. MASULLO 314 S. LUNA COURT #1 Hollywood, FL 33021	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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: SIGNATURE REQUIRED 04.23.03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #