

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000065170

Entity Name: BITA PROPERTIES, INC.

FILED
Mar 17, 2009
Secretary of State

Current Principal Place of Business:

1000 BRICKELL AVENUE
SUITE 315
MIAMI, FL 33131

Current Mailing Address:

1000 BRICKELL AVENUE
SUITE 315
MIAMI, FL 33131

New Principal Place of Business:

999 PONCE DE LEON BOULEVARD
PH- # 1135
CORAL GABLES, FL 33134

New Mailing Address:

999 PONCE DE LEON BOULEVARD
PH- # 1135
CORAL GABLES, FL 33134

FEI Number: 82-0572659

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MF CORPORATE SERVICES INTERNATIONAL
1000 BRICKELL AVENUE
SUITE 315
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

MF CORPORATE SERVICES INTERNATIONAL
999 PONCE DE LEON BOULEVARD
PH - # 1135
CORAL GABLES, FL 33134 US

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: OLGA SANTINI

03/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CASAS SANTAMARIA, VICENTE
Address: 1 GROVE ISLE DRIVE, UNIT A301
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: DE CASAS, SILVIA BONNET
Address: 1 GROVE ISLE DRIVE, UNIT A301
City-St-Zip: MIAMI, FL 33133

Title: P () Delete
Name: CASAS BONNET, CAROLINA
Address: 1 GROVE ISLE DRIVE, UNIT A301
City-St-Zip: MIAMI, FL 33133

Title: S () Delete
Name: CASAS BONNET, VICENTE
Address: 1 GROVE ISLE DRIVE, UNIT 301
City-St-Zip: MIAMI, FL 33133

Title: T () Delete
Name: CASAS BONNET, LAURA
Address: 1 GROVE ISLE DRIVE, UNIT 301A
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: VICENTE CASAS

D

03/17/2009

Electronic Signature of Signing Officer or Director

Date