


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90226 013 ***158.75

DOCUMENT # P03000010219	
1. Entity Name ITX -INFORMATION TECHNOLOGY EXPERTS, CORP	

Principal Place of Business 5440 N. STATE RD 7 SUITE 221 FORT LAUDERDALE, FL 33319	Mailing Address 5440 N. STATE RD 7 SUITE 221 FORT LAUDERDALE, FL 33319
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2. Principal Place of Business 5200 N Federal Highway Suite, Apt. #, etc. Suite 2-1228 City & State Fort Lauderdale, FL Zip 33308 Country USA	3. Mailing Address 5200 N Federal Highway Suite, Apt. #, etc. Suite 2-1228 City & State Fort Lauderdale, FL Zip 33308 Country USA
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04182004 Chg-P CR2E034 (10/03)

4. FEI Number 76-0723381		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CADAGAN BUSINESS SOLUTIONS & ASSOCIATES, I 5440 N. STATE RD 7, SUITE 221 FORT LAUDERDALE, FL 33319		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		

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 re-stating)

DATE

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONTILLA, ALEXIS SR. 5440 N. STATE RD 7, SUITE 221 FORT LAUDERDALE, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Montilla, Alexis SR 5200 N Federal Highway Suite 2-1228 Fort Lauderdale, FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MONTILLA, FREDDY SR 5440 N. STATE RD 7 SUITE 221 FORT LAUDERDALE, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Montilla, Freddy SR. 5200 N Federal Highway Suite 2-1228 Fort Lauderdale, FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **FREDDY MONTILLA** **04/19/2004 (954) 5885907**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #