

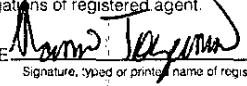



2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000016993 1. Entity Name ICT GROUP OF USA CORP.				FILED 04 SEP -2 AM 10:29 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 16779 HEMINGWAY DR WESTON, FL 33326		Mailing Address 16779 HEMINGWAY DR WESTON, FL 33326			
2. Principal Place of Business 5764 S. Plum Bay Plwy.		3. Mailing Address 5764 S. Plum Bay Plwy.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Tamara, FL		City & State Tamara, FL		4. FEI Number 20-0227811	
Zip 33321		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUEVEDO, PABLO 16779 HEMINGWAY DR WESTON, FL 33326		7. Name and Address of New Registered Agent Name RAMON TOURGEMAN Street Address (P.O. Box Number is Not Acceptable) 1725 MAIN STREET, Ste 201 City WESTON FL Zip Code 33326			
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  Ramon Tourgeman (954) 385-2284 8/30/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE</small>					
Amended AR is \$61.25		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 P NAME QUEVEDO, PABLO STREET ADDRESS 16779 HEMINGWAY DR CITY-ST-ZIP WESTON, FL 33326	<input checked="" type="checkbox"/> Delete		TITLE PRESIDENT NAME HORTENSIA BELLORIN STREET ADDRESS 5764 Plum Bay Plwy. CITY-ST-ZIP TAMARA, FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE VICE PRESIDENT NAME MARIA PILAR ZUIGA STREET ADDRESS 1332 Alexander Blvd CITY-ST-ZIP WESTON, FL 33327	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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:  HORTENSIA BELLORIN, President 8-30-04 954-724-9218 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					