

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90285 012 ***158.75

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01192006 Chg-P CR2E034 (11/05)

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|--|---|--|--|---|--|
| DOCUMENT # P03000022289 | | | |  | |
| 1. Entity Name ITCON, CORP. | | | | | |
| Principal Place of Business 782 NW 42 AVE #328 MIAMI, FL 33175 | | | Mailing Address 782 NW 42 AVE #328 MIAMI, FL 33175 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 57-1153626 | |
| | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BARRIOS, NESTOR 782 NW 42 AVE #328 MIAMI, FL 33175 | | | 7. Name and Address of New Registered Agent Name <u>NELSON REYES NEGRETTI</u> Street Address (P.O. Box Number is Not Acceptable) <u>782 NW 42nd Ave #328</u> City <u>Miami</u> FL Zip Code <u>33126</u> | | |
| 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 <u>[Signature]</u> DATE <u>1/19/06</u> <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, 2006 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 | SPD BARRIOS, NESTOR 782 NW 42 AVE #328 MIAMI, FL 33175 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D REYES, NELSON 782 NW 42 AVE #328 MIAMI FL 33175 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPTD BALZAN, PEDRO 782 NW 42 AVE #328 MIAMI, FL 33175 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP/D REYES, VILLASAMIL, Nelson 782 NW 42 Ave #328 MIAMI FL 33126 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/T/D. POUCHET, NATALI 782 NW 42nd Ave #328 MIAMI FL 33126 | <input type="checkbox"/> Change <input checked="" 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 |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 my address, with all other like empowered. | | | | | |
| SIGNATURE: <u>[Signature]</u> | | | NATALI POUCHET 1/19/06 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Daytime Phone # | | |