## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000131217

Entity Name: ITS WORLDWIDE INC

9133 COLLINS AVENUE 1F

SURFSIDE, FL 33154

Address: City-St-Zip: FILED Apr 30, 2009 Secretary of State

Littly Na	ine. 113 WO	REDVIDE INC.			
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
7921 SW 40TH ST. SUITE 50 MIAMI, FL 33155			9133 COLLINS AVENUE	9133 COLLINS AVENUE	
			1F MIAMI BEACH, FL 3315	···	
			,	,	
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
7921 SW 40TH ST. SUITE 50 MIAMI, FL 33155				9133 COLLINS AVENUE	
			1F MIAMI BEACH EL 3315	1F MIAMI BEACH, FL 33154	
			,		
FEI Number	: 20-0911734	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
LOPEZ, GUSTAVO V 7921 SW 40TH ST SUITE 50 MIAMI, FL 33155 US			CROMARTY, JOYCE	CROMARTY, JOYCE	
			9133 COLLINS AVENUE	9133 COLLINS AVENUE 1F	
			••	MIAMI BEACH, FL 33154 US	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE: JOYCE CROMARTY				04/30/2009	
	Electro	nic Signature of Registered Age	ent	Date	
Election Ca	mpaign Financir	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	,	() Delete	*	) Change ( ) Addition	
Name:	LOPEZ, GUST		Name:		
Address: City-St-Zip:	7921 SW 4011 MIAMI, FL 33	H ST. SUITE 50 155	Address: City-St-Zip:		
Title:	D (	) Delete	Title: (	) Change ( ) Addition	
Name:	JOYCE CROM	,	Name:	) Onlinge ( ) / idultion	
Address: 9133 COLLINS AVE APT 1F			Address:		
City-St-Zip:	SURFSIDE, FI	_ 33154	City-St-Zip:		
Title:	D (	) Delete	Title: (	) Change ( ) Addition	
Name:	JIC 9133 COR	P	Name:		

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.

Address:

City-St-Zip:

SIGNATURE: JOYCE CROMARTY D 04/30/2009