

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000026916

1. Entity Name
INTERNATIONAL TRUST GROUP, INC



Principal Place of Business
**8671 NW 66 ST
MIAMI, FL 33166**

Mailing Address
**8671 NW 66 ST
MIAMI, FL 33166**



05012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1217037	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SEGNINI, NESTOR M
8671 NW 66 ST
MIAMI, FL 33166**

**DO NOT WRITE
IN THIS SPACE**

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

Nestor M. Segnini
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

4/30/08
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SEGNINI, NESTOR M
STREET ADDRESS	8671 NW 66 ST
CITY - ST - ZIP	MIAMI, FL 33166
TITLE	VP
NAME	LERENA, CARLOS A
STREET ADDRESS	8671 NW 66 ST
CITY - ST - ZIP	MIAMI, FL 33166
TITLE	D
NAME	FEUILLASSIER, ENRIQUE L
STREET ADDRESS	8671 NW 66 ST
CITY - ST - ZIP	MIAMI, FL 33166
TITLE	D
NAME	LERENA, CESAR A
STREET ADDRESS	8671 NW 66 ST
CITY - ST - ZIP	MIAMI, FL 33166
TITLE	D
NAME	SEGNINI, NESTOR
STREET ADDRESS	8671 NW 66 ST
CITY - ST - ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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06/02/08-80047-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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 an address, with all other like empowered.

SIGNATURE:

Nestor M. Segnini
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #