

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000058441

1. Entity Name
ITNEVA MANAGEMENT, INC.



Principal Place of Business
6400 CONGRESS AVE., STE. 1750
BOCA RATON, FL 33487

Mailing Address
6400 CONGRESS AVE., STE. 1750
BOCA RATON, FL 33487

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06 APR 27 AM 10:35

STATE
TALLAHASSEE, FLORIDA



01092006 No Chg-P CR2E034 (11/05)

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4. FEI Number
20-2742875

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
MENDELSON, ILYNE
6400 CONGRESS AVE SUITE 1750
BOCA RATON, FL 33487

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ASIX

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

300074147633
05/08/06--01014--018 **200.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/06

Daytime Phone # _____