

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90071 026 ***150.00

DOCUMENT # P04000156005 1. Entity Name IT MOTION, INC.			
Principal Place of Business 7211 SW 62ND AVE., SUITE 200 MIAMI, FL 33143		Mailing Address 7211 SW 62ND AVE., SUITE 200 MIAMI, FL 33143	
2. Principal Place of Business c/o C.P.MOTION 6885 SW 58 PLACE SOUTH MIAMI, FL 33143 Zip Country		3. Mailing Address c/o C.P.MOTION 6885 SW 58 PLACE SOUTH MIAMI, FL 33143 Zip Country	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name: <u>Raymond Weisbein</u> Street: <u>C.P.MOTION</u> <u>6885 SW 58 PLACE</u> City: <u>SOUTH MIAMI, FL 33143</u> <u>FL</u> Zip Code	
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>1/1/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW! FEE IS \$150.00 After May 1, 2005 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: PD NAME: WEISBEIN, RAYMOND STREET ADDRESS: 7211 SW 62ND AVE., SUITE 200 CITY-ST-ZIP: MIAMI, FL 33143	<input type="checkbox"/> Delete	TITLE: <u>Change</u> NAME: <u>6885 SW 58 PLACE</u> STREET ADDRESS: <u>SOUTH MIAMI, FL 33143</u> CITY-ST-ZIP:	<input type="checkbox"/> Addition
TITLE: SD NAME: WEISBEIN, SELMA STREET ADDRESS: 7211 SW 62ND AVE., SUITE 200 CITY-ST-ZIP: MIAMI, FL 33143	<input type="checkbox"/> Delete	TITLE: <u>Change</u> NAME: <u>6885 SW 58 PLACE</u> STREET ADDRESS: <u>SOUTH MIAMI, FL 33143</u> CITY-ST-ZIP:	<input type="checkbox"/> Addition
TITLE: VD NAME: MATZNER, VERONICA STREET ADDRESS: 7211 SW 62ND AVE., SUITE 200 CITY-ST-ZIP: MIAMI, FL 33143	<input type="checkbox"/> Delete	TITLE: <u>Change</u> NAME: <u>6885 SW 58 PLACE</u> STREET ADDRESS: <u>SOUTH MIAMI, FL 33143</u> CITY-ST-ZIP:	<input 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
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 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <u>Raymond Weisbein, Pres.</u>		Date: <u>1/1/05</u> Daytime Phone #: <u>305-668-7858</u>	