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DOCU 1. Entity Nam B.I.T. INT				FILED						
						4UL 70				
Principal Place of Business Mailing Address 284 SOUTH MILITARY TRAIL 284 SOUTH MILITARY TRAIL			  L			l'Alcan	ስ. ሀ 432££,	JIATE FLORID	E A	
DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442									1781 (I 1981	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 5645 COVAL RIGGE Drive 5645 COVAL RIGGE Dr										
Suite, Apt. #, etc.  # 117  # 117			3		05242007	Chg-P	CR2E03	4 (12/06)		
	al Springs, Florida   Coral Springs, F			ک_	4. FEI Number 20-236		,		plied For t Applicable	
3301	6. Name and Address of Current F	33076	USA USA	X		of Status Desired		8.75 Addi		
			7. Name and Address of New Registered Agent ×							
PATEL, PANKAJ J. 284 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442				Street Address (P.O. Box Number is Not Acceptable)						
			City	<b></b>			FL	Zip Code	3	
8. The above	named entity submits this statement for	the purpose of changing its regi	istered office or	register	ed agent, or bo	h. in the State of Flo		miliar with.	and accept	
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 Palls Palls										
Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE										
1	LE NOW!!! FEE IS \$150.00 ue by September 14, 2007		00 May Be ed to Fees	In accordance v corporation did						
10.	OFFICERS AND I		11.7€	<u>.</u>		CHANGES TO OFF				
TITLE NAME	DP PATEL, PANKAJ J.	☐ Delete			· 11 i TVoi	EINC/DP		Change	Addition (	
STREET ADDRESS				5641	2 Corai	Rid Ge DM	1e #11	7		
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NAME		ш ренесе	NAME					change	☐ ∧ddition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
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: SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  SIGNATURE: Date Of Printed Name of Signing Officer or Director  Output Proper										
1	DIGHA FORE AND ITPED OR P	LO NAME OF BIORING OFFICER OR D				UA(#	Oa	galite CTAPA	I	