

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90262 005 \*\*\*150.00

<b>DOCUMENT # P05000018658</b> 1. Entity Name <b>I-TEC ELECTRONICS, INC.</b>			
Principal Place of Business <b>5255 N.W. 159 ST MIAMI, FL 33014</b>		Mailing Address <b>5255 N.W. 159 ST MIAMI, FL 33014</b>	
2. Principal Place of Business - No P.O. Box # <b>7600 Corporate Center Drive</b>		3. Mailing Address <b>7600 Corporate Center Drive</b>	
Suite, Apt. #, etc. <b>Suite 400</b>		Suite, Apt. #, etc. <b>Suite 400</b>	
City & State <b>Miami, Florida</b>		City & State <b>Miami, Florida</b>	
Zip <b>33126</b>		Zip <b>33126</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>20-2301551</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>MIAMI CENTER REGISTERED AGENTS, LLC</b> <b>201 SOUTH BISCAYNE BLVD</b> <b>1700 MIAMI CENTER</b> <b>MIAMI, FL 33131</b>		<b>7. Name and Address of New Registered Agent</b> Name  Street Address (P.O. Box Number is Not Acceptable)   City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOS IACOVELLI, MARC 5255 NW 159 ST HIALEAH, FL 33014	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT KRVSZEWSKI, TOM 5255 NW 159 ST HIALEAH, FL 33014	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P YODZIO, WAYNE 5255 NW 159TH ST MIAMI, FL 33014	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	    	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	    	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	    	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <b>David Kravs, CFO</b>	
Date <b>5-1-08</b>		Daytime Phone # <b>305-908-5355</b>	