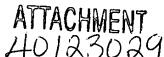
## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

### FILED Jul 06, 2007 8:00 am Secretary of State

| DOCUI<br>1. Entity Nam<br>ITR, INC.                                                                                                                       | ie                               | # P06000028                                                                                                           | 377                                                                                                                            |                               | 07-06-2007 90001 022 ***158.75 |                          |                          |                                                                                        |                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------|--------------------------|--------------------------|----------------------------------------------------------------------------------------|---------------------------|
| Principal Place of Business Mailing Address                                                                                                               |                                  |                                                                                                                       |                                                                                                                                |                               |                                |                          |                          |                                                                                        |                           |
| 3962 W 9 CT                                                                                                                                               |                                  |                                                                                                                       | 3962 W 9 CT                                                                                                                    |                               |                                |                          |                          |                                                                                        |                           |
| HIALEAH, FL                                                                                                                                               | 33012                            |                                                                                                                       | HIALEAH, FL 33012                                                                                                              |                               |                                |                          |                          |                                                                                        |                           |
| Principal Place of Business - No P.O. Box # 3. Mailing Address                                                                                            |                                  |                                                                                                                       |                                                                                                                                |                               |                                |                          |                          |                                                                                        |                           |
| Suite, Apt.                                                                                                                                               | #, etc.                          |                                                                                                                       | Suite, Apt. #, etc                                                                                                             |                               |                                | 07022007                 | Chg-P                    | CR2E034 (12/06)                                                                        |                           |
| City & State                                                                                                                                              |                                  |                                                                                                                       | City & State                                                                                                                   |                               |                                | 4. FEI Numb              | er 4430                  | 635 Ap                                                                                 | plied For<br>t Applicable |
| Zip                                                                                                                                                       | Country                          |                                                                                                                       | Zip Coun                                                                                                                       |                               | itry                           |                          | of Status Desired        | \$8.75 Add                                                                             | litional                  |
|                                                                                                                                                           | 6. Name                          | and Address of Current                                                                                                | Registered Agent                                                                                                               |                               |                                | 7. Name and              | Address of New R         | egistered Agent                                                                        |                           |
| PRIETO FERNANDO J                                                                                                                                         |                                  |                                                                                                                       |                                                                                                                                |                               |                                |                          |                          |                                                                                        |                           |
| 3962 W 9                                                                                                                                                  | ÇT                               | A A                                                                                                                   | Street Address                                                                                                                 |                               | Street Address (               | P.O. Box Numb            | er is Not Acceptable     | )                                                                                      |                           |
|                                                                                                                                                           |                                  |                                                                                                                       |                                                                                                                                |                               | City                           |                          |                          | FL Zip Code                                                                            | 9                         |
| The above named entity submits this statement for the purpose of changing its registered.                                                                 |                                  |                                                                                                                       |                                                                                                                                |                               |                                | ed agent, or bo          | oth, in the State of Flo |                                                                                        | and accept                |
| the obligations of registered agent.                                                                                                                      |                                  |                                                                                                                       |                                                                                                                                |                               |                                |                          |                          |                                                                                        |                           |
| SIGNATURE Signature, typed or priviled name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE |                                  |                                                                                                                       |                                                                                                                                |                               |                                |                          |                          |                                                                                        |                           |
|                                                                                                                                                           |                                  |                                                                                                                       |                                                                                                                                |                               |                                |                          |                          |                                                                                        |                           |
|                                                                                                                                                           |                                  | ! FEE IS \$150.00<br>otember 14, 2007                                                                                 | Trust Fund Con                                                                                                                 |                               |                                | .00 May Be<br>ed to Fees | corporation did          | vith s. 607.193(2)(b),<br>not receive the prior r                                      | r.S., the<br>notice.      |
| 10.                                                                                                                                                       |                                  | OFFICERS AND                                                                                                          | L<br>DIRECTORS                                                                                                                 | 11.                           |                                | ADDITIONS                | I<br>/CHANGES TO OFF     | ICERS AND DIRECTORS                                                                    | S IN 11                   |
| THE                                                                                                                                                       | D                                | EEDMANIDO I                                                                                                           | ☐ Delete                                                                                                                       | TITL                          | 1                              | Change Addition          |                          |                                                                                        | Addition                  |
| NAME PRIETO, FERNANDO J STREET ADDRESS 3962 W 9 CT                                                                                                        |                                  |                                                                                                                       |                                                                                                                                | NAM<br>Stri                   | EET AUDRESS                    |                          |                          |                                                                                        | !                         |
| CITY ST ZIP                                                                                                                                               | HIALEAH                          | , FL 33012                                                                                                            | CITY S                                                                                                                         |                               | ST ZIP                         |                          |                          |                                                                                        |                           |
| HILE                                                                                                                                                      | ☐ Delete 1111                    |                                                                                                                       |                                                                                                                                |                               |                                |                          |                          | Change                                                                                 | Addition                  |
| NAME<br>STREET ADDRESS                                                                                                                                    | ]<br><b>!</b>                    |                                                                                                                       |                                                                                                                                | NAM<br>Siri                   | EET ADDRESS                    |                          |                          |                                                                                        |                           |
| CITY-SI-ZIP                                                                                                                                               |                                  |                                                                                                                       |                                                                                                                                | CITY                          | SI ZIP                         |                          |                          |                                                                                        |                           |
| MITE                                                                                                                                                      |                                  |                                                                                                                       | ☐ Delete                                                                                                                       | 1111.                         |                                |                          |                          | ☐ Change                                                                               | ☐ Addition                |
| NAME<br>STREET ADDRESS                                                                                                                                    |                                  |                                                                                                                       |                                                                                                                                | NAM<br>SIRI                   | EET ADDRESS                    |                          |                          |                                                                                        |                           |
| CITY-ST-ZIP                                                                                                                                               |                                  |                                                                                                                       |                                                                                                                                | CITY                          | ST ZIP                         |                          |                          |                                                                                        |                           |
| TITLE                                                                                                                                                     | į                                |                                                                                                                       | ☐ Delete                                                                                                                       | IIIL                          |                                |                          |                          | Change                                                                                 | Addition                  |
| NAME<br>STREET ADDRESS                                                                                                                                    | ļ                                |                                                                                                                       |                                                                                                                                | NAM<br>STRI                   | EET ADDRESS                    |                          |                          |                                                                                        |                           |
| CHY S1-ZIP                                                                                                                                                |                                  |                                                                                                                       |                                                                                                                                | CHY                           | SI ZIP                         | <u> </u>                 |                          |                                                                                        | <u> </u>                  |
| TITLE                                                                                                                                                     |                                  |                                                                                                                       | ☐ Defete                                                                                                                       | HITL                          |                                |                          |                          | ☐ Change                                                                               | Addition                  |
| NAME<br>STREET ADDRESS                                                                                                                                    |                                  |                                                                                                                       |                                                                                                                                | NAM<br>STRI                   | EET ADDRESS                    |                          |                          |                                                                                        |                           |
| CITY ST-ZIP                                                                                                                                               |                                  |                                                                                                                       |                                                                                                                                | CHY                           | ST ZIP                         |                          |                          |                                                                                        |                           |
| UTLE                                                                                                                                                      |                                  | 1                                                                                                                     | ↑ Delete                                                                                                                       | 11TL                          | į į                            |                          |                          | ☐ Change                                                                               | ☐ Addition                |
| NAME<br>STREET ADDRESS                                                                                                                                    |                                  | 1                                                                                                                     |                                                                                                                                | NAN<br>SIR                    | EET ADDRESS                    |                          |                          |                                                                                        |                           |
| CHY ST ZIP                                                                                                                                                |                                  |                                                                                                                       | <u> </u>                                                                                                                       | em                            | S1 ZIP                         |                          |                          |                                                                                        |                           |
| indicated<br>of the cor                                                                                                                                   | l on this repo<br>rporation or t | e information supplier will<br>of or supplemental reports<br>he receiver or trustee en or<br>achinent with an addless | this filing closs not qualify to<br>the and accurate and that<br>was ed to execute this repor<br>with all other like empowered | my signa<br>t as req <u>u</u> | ture chall have the            | eamo lonal offo          | ict as if made under .   | further certify that the in<br>oath; that I am an officer<br>te appears in Block 10 or | or director               |
| SIGNAT                                                                                                                                                    | TURE:                            |                                                                                                                       |                                                                                                                                |                               |                                |                          | 7/2/07                   |                                                                                        |                           |
|                                                                                                                                                           |                                  | SIGNATURE AND TYPER OF F                                                                                              | RINTED NAME OF SIGNING OFFICE                                                                                                  | R OR DIREC                    | TOR                            |                          | Dato                     | Daytime Phone #                                                                        |                           |



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\*\* This information cannot be changed on the report. \*\*

**Document Number** 

P0600002837

Business Entity Name ITR, INC.

Original File Date

02/24/2006

FEI Number

Principal Address

3962 W 9 CT

HIALEAH, FL 33012

Mailing Address

3962 W 9 CT

HIALEAH, FL 33012

FERNANDO J PRIETO

Registered Agent 3962 W 9 CT

HIALEAH, FL 33012

#### Officer/Director Name And Address

FERNANDO J PRIETO 3962 W 9 CT HIALEAH, FL 33012

After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstance which the entity did not receive prior notice. Please check this box if notice was not received.

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