

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000041022

Entity Name: I.T.M. ENTERPRISES, INC.

FILED  
Mar 25, 2008  
Secretary of State

## Current Principal Place of Business:

1301 NE 7TH ST.  
HALLANDALE, FL 33009

## New Principal Place of Business:

501 NE 14 AVE  
307  
HALLANDALE, FL 33009

## Current Mailing Address:

1301 NE 7TH ST.  
HALLANDALE, FL 33009

## New Mailing Address:

501 NE 14 AVE  
307  
HALLANDALE, FL 33009

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LUTWAK, SCOTT H  
1166 W. NEWPORT CENTER DR., SUITE 114  
DEERFIELD BCH, FL 33442 US

## Name and Address of New Registered Agent:

MATIS, TABITA  
501 NE 14 AVE  
307  
HALLANDALE, FL 33009 US

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.

SIGNATURE: TABITA MATIS

03/25/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MATIS, ILIE  
Address: 1301 NE 7TH ST.  
City-St-Zip: HALLANDALE, FL 33009

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: MATIS, ILIE  
Address: 501 NE 14 AVE  
City-St-Zip: HALLANDALE, FL 33009

Title: D ( ) Change (X) Addition  
Name: MATIS, TABITA  
Address: 501 NE 14 AVE #307  
City-St-Zip: HALLANDALE, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ILIE MATIS

D

03/25/2008

Electronic Signature of Signing Officer or Director

Date