

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000005675

Entity Name: ITES USA CORP

FILED  
Apr 28, 2009  
Secretary of State

## Current Principal Place of Business:

10885 NW 50TH ST  
SUITE 306  
DORAL, FL 33178

## New Principal Place of Business:

4995 NW 72ND AVE  
SUITE 205  
MIAMI, FL 33166

## Current Mailing Address:

10885 NW 50TH ST  
SUITE 306  
DORAL, FL 33178

## New Mailing Address:

4995 NW 72ND AVE  
SUITE 205  
MIAMI, FL 33166

FEI Number: 26-1755603

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PAZ, ROBERTO  
10885 NW 50TH ST  
SUITE 306  
DORAL, FL 33178 US

## Name and Address of New Registered Agent:

PAZ, ROBERTO  
4995 NW 72ND AVE  
SUITE 205  
MIAMI, FL 33166 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: ROBERTO PAZ

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PAZ, ROBERTO  
Address: 10885 NW 50TH ST SUITE 306  
City-St-Zip: DORAL, FL 33178

Title: VP ( ) Delete  
Name: MARCANO, AREDT  
Address: 10885 NW 50TH ST SUITE 306  
City-St-Zip: DORAL, FL 33178

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PAZ, ROBERTO  
Address: 4995 NW 72ND AVE #205  
City-St-Zip: MIAMI, FL 33166

Title: VP (X) Change ( ) Addition  
Name: MARCANO, AREDT  
Address: 4995 NW 72ND AVE #205  
City-St-Zip: MIAMI, FL 33166

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: ROBERTO PAZ

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date