2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 22, 2004 08:00 AM **Secretary of State DOCUMENT # P92000015334** 1. Entity Name INTERNATIONAL TELEPHONE COMPANY Principal Place of Business Mailing Address 12265 SW 130TH STREET 12265 SW 130TH STREET MIAMI, FL 33186 MIAMI, FL 33186 03052004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0375897 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent LEICHTMAN, ALLEN J DO NOT WRITE 12257 SW 130TH ST MIAMI, FL 33186 IN THIS SPACE 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 Signature, typed or printed name of registered agent and little it applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution, Added to Fees 10. OFFICERS AND DIRECTORS n TITLE LEICHTMAN, ALLEN J NAME //00000093611 03/22/04<u>-</u>80025-001 150.00 STREET ADDRESS 12265 SW 130TH STREET MIAMI, FL 33186 CITY - ST- ZEP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TGRE IN THIS SPACE NAME STREET ADDRESS CATY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes, if 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 liverempowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP 737LE NAME STREET ADDRESS CETY - ST - ZIP

> 10 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED