

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90098 031 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000030992



1. Entity Name
ITELCO USA, INC.

Principal Place of Business
1224 FOREST PARKWAY
UNIT 140
WEST DEPTFORD NJ 08066
US

Mailing Address
1224 FOREST PARKWAY
UNIT 140
WEST DEPTFORD NJ 08066

2. Principal Place of Business
1224 Forest Parkway
Suite, Apt. #, etc.
Unit 140

3. Mailing Address
1224 Forest Parkway
Suite, Apt. #, etc.
Unit 140

City & State
West Deptford, NJ
Zip 08066 Country USA

City & State
West Deptford, NJ
Zip 08066 Country USA

4. FEI Number 65-0409988 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name Same as current Agent
Street Address (P.O. Box Number is Not Acceptable)
City FL 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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P Delete
NAME GIORGINI, ALBERTO
STREET ADDRESS 8280 NW 27 ST. STE 501
CITY-ST-ZIP MIAMI FL

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President Change Addition
NAME Alberto Giorgini
STREET ADDRESS 1224 Forest Parkway, Unit 140
CITY-ST-ZIP West Deptford, NJ 08066

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alberto Giorgini
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 2/7/03 Daytime Phone # 886-423-0010

CR2E034 (10/02)