# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 25, 2004**
**Secretary of State**

DOCUMENT# P93000070925

**Entity Name:** INJECTION TECHNICAL CONTROL ITC, INC.

**Current Principal Place of Business:**

P.O. BOX 227336
MIAMI, FL 331227336

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 227336
MIAMI, FL 331227336

**New Mailing Address:**

**FEI Number: 65-0448319** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TESONE, ALBERTO
2225 NW 97 AVE
MIAMI, FL 33172 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete
Name: SEGURA, JOSE
Address: P.O. BOX 227336
City-St-Zip: MIAMI, FL 33122

Title: DS ( ) Delete
Name: PLANAS, ANTON
Address: P.O. BOX 227336
City-St-Zip: MIAMI, FL 33122

Title: DT ( ) Delete
Name: GOMEZ, ISIDRO
Address: P.O. BOX 227336
City-St-Zip: MIAMI, FL 33122

Title: D (X) Delete
Name: ROCA VILASECA, JOSE
Address: P.O. BOX 227336
City-St-Zip: MIAMI, FL 33122

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SEGURA JOSE D 03/25/2004

Electronic Signature of Signing Officer or Director Date