


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90026 011 ***150.00

DOCUMENT # P94000058274	
1. Entity Name COMPUTER TECHNOLOGY INTERNATIONAL, INC.	

Principal Place of Business 3001 W HALLANDALE BCH BLVD PEMBROKE PARK, FL 33009	Mailing Address 3001 W HALLANDALE BCH BLVD PEMBROKE PARK, FL 33009
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DO NOT WRITE IN THIS SPACE



02042008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0510553	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MASSOUDI, MOHSEN
3001 W HALLANDALE BCH BLVD
PEMBROKE PARK, FL 33009

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MASSOUDI, MOHSEN 3001 W HALLANDALE BCH BLVD PEMBROKE PARK, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SATTARZADEH, MAJID 3001 W HALLANDALE BCH BLVD PEMBROKE PARK, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST JAZAYRI, SAM 3001 W HALLANDALE BCH BLVD PEMBROKE PARK, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MASSOUDI, MOHSEN 3001 W HALLANDALE BCH BLVD PEMBROKE PARK, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.

SIGNATURE:  **2-4-08** **954 454 3554**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #