


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000071897 1. Entity Name INTEGRATED TRANSPORTATION SYSTEMS, INC.	
--	---

Principal Place of Business 4535 S DALE MABRY TAMPA, FL 33611	Mailing Address 4535 S DALE MABRY TAMPA, FL 33611
---	---

DO NOT WRITE IN THIS SPACE



03232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3334423	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 SAN MARTIN, JIMMY J 4535 S DALE MABRY HWY TAMPA, FL 33611	DO NOT WRITE IN THIS SPACE
---	---------------------------------------

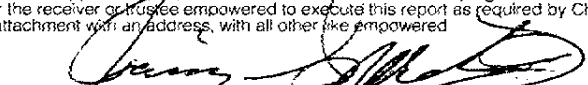
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE 3/25/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SAN MARTIN, JIMMY 4535 SO. DALE MABRY HWY TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SAN MARTIN, LILY 4535 SO. DALE MABRY HWY TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TERLIZZI, GINA 4535 SO. DALE MABRY HWY TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KOSTO, MICHELLE 4535 SO. DALE MABRY HWY TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LYLE, JOYCE A 4535 SO. DALE MABRY HWY TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000097826
03/29/04-80015-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 3/25/04 813-837-5602 <small>Date Daytime Phone #</small>