2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2008 8:00 am
Secretary of State
02-01-2008 90042 001 ***150.00
02-01-2008 90042 002 *****8.75

DOCUMENT # P98000004855

1. Entity Name
ITM USA ENTERPRISES, INC.

Principal Place of Business	Mailing Address
12280 SW 130TH STREET MIAMI FL 33186-6393 US	12280 SW 130TH STREET MIAMI FL 33186-6393 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
13155 S.W. 123RD AV.		13155 S.W. 123RD AV.	
Suite, Apt. #, etc.: Unit #12		Suite, Apt #, etc.: Unit #12	
City & State: Miami Fl.		City & State: Miami Fl.	
Zip: 33186	Country: USA	Zip: 33186	Country: USA

1st MOORE CR2E034 (10/07)

4. FEI Number 65-0806193 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION COMPANY OF MIAMI 1500 MIAMI CENTER 201 SO BISCAYNE BLVD MIAMI FL 33131	Name 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 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
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SANTOS, CLAUDIA C PSD	NAME	
STREET ADDRESS	12280 SW 130TH STREET 13155 S.W. 123A AV.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186-6393 Miami Fl. 33186	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY ST ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Claudia Santos [signature] 01/25/08 (305)971-7663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #