

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90032 048 ***150.00

DOCUMENT # *P 980 000 22 318*

1. Entity Name

Pit Corp.



DO NOT WRITE IN THIS SPACE

94036303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0835806

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**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

[Signature] *D Wolff, Jürgen*

*Zur-Mieden-Weg 23
42287 Wuppertal, Germany*

*or 2103 Captain's Way
Jupiter, FL 33477*

Signature, Date or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME *DPS*
STREET ADDRESS *Wolff, Gitta*
CITY-ST-ZIP *Zur-Mieden-Weg 23
42287 Wuppertal, Germany*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME *D*
STREET ADDRESS *Wolff Jürgen*
CITY-ST-ZIP *Zur-Mieden-Weg 23
42287 Wuppertal, Germany*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-21-2004

Date

01149-202-558094

Daytime Phone #

CR2E034B (12/02)