## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000083615

FILED Apr 27, 2005 Secretary of State

Entity Na	me: ITSINDL	ISTRIES CORP.			
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
	WOOD LN.				
B FORT MYI	ERS, FL 3390	7			
Current M	lailing Addres	ss:	New Mailing Addr	New Mailing Address:	
	NWOOD LN.				
B FORT MYI	ERS, FL 3390	7			
FEI Number	: 65-0949200	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and	Address of C	Current Registered Agent:	Name and Addres	s of New Registered Agent:	
RIVERA, JACQUELINE 15052 SW 141ST LANE MIAMI, FL 33196 US			12668 KENWOOD B	RIVERA, JACQUELINE 12668 KENWOOD LN. B FORT MYERS, FL 33907 US	
	named entity e of Florida.	submits this statement for the	purpose of changing its registe	ered office or registered agent, or both,	
SIGNATURE: JACQUELINE RIVERA				04/27/2005	
	Electron	nic Signature of Registered Ag	jent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	RIVERA, JACQ	OD LN. APT. #B	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	CARLOS, GRA	OD LN. APT. #B	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: JACQUELINE RIVERA **PRES** 04/27/2005