2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # V35559

1. Entity Name
INTERNATIONAL TELECOMMUNICATIONS
PROMOTIONS, I.T.P., INC.

Principal Place of Business	Mailing Address
2332 GALIANO ST S-250 CORAL GABLES, FL 33134 US	2332 GALIANO ST S-250 CORAL GABLES, FL 33134 US

DO NOT WRITE IN THIS SPACE

05012008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0343034	Not Applicable

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

6. Name and Address of Current Registered Agent

YUMISEVA, ANA M P
2332 GALIANO ST
250
CORAL GABLES, FL 33134

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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.   ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	YUMISEVA, ANNA MARIA
STREET ADDRESS	2332 GALIANO ST, STE 250
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	M
NAME	YUMISEVA, CARMEN L
STREET ADDRESS	1248 S. ALHAMBRA CIR
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000947110
06/02/08-80001-006 150.00

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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: _____

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