



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90258 025 ***150.00

DOCUMENT # P03000083083					
1. Entity Name ITS OF FLORIDA CORP.					
Principal Place of Business 2000 PONCE DE LEON BLVD 6TH FL MIAMI, FL 33134 US			Mailing Address 2000 PONCE DE LEON BLVD 6TH FL MIAMI, FL 33134 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent MCGREGOR, ADOLFO M 11660 S.W. 72 AVENUE PINECREST, FL 33156				7. Name and Address of New Registered Agent	
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 _____ (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P,D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCGREGOR, ADOLFO M		NAME		
STREET ADDRESS	15405 SW 75TH CT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33157		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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 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: 		Adolfo M. McGregor		4/29/08 (305) 421-6333	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

40097454



01112008 Chg-P CR2E034 (12/06)

4. FEI Number 65-1199980 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

40097452



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No Events No Name History

Entity Name

Detail by Entity Name

Florida Profit Corporation

ITS OF FLORIDA CORP.

Filing Information

Document Number P03000083083
FEI Number 651199980
Date Filed 07/30/2003
State FL
Status ACTIVE
Effective Date 07/30/2003

Principal Address

2000 PONCE DE LEON BLVD
6TH FL
MIAMI FL 33134 US
Changed 05/01/2006

Mailing Address

2000 PONCE DE LEON BLVD
6TH FL
MIAMI FL 33134 US
Changed 05/01/2006

Registered Agent Name & Address

MCGREGOR, ADOLFO M
11660 S.W. 72 AVENUE
PINECREST FL 33156 US

Officer/Director Detail

Name & Address

Title P,D
MCGREGOR, ADOLFO M
15405 SW 75TH CT
MIAMI FL 33157 US

Annual Reports

Report Year Filed Date

2005	04/27/2005
2006	05/01/2006
2007	04/23/2007

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Document Images

- 04/23/2007 -- ANNUAL REPORT
- 05/01/2006 -- ANNUAL REPORT
- 04/27/2005 -- ANNUAL REPORT
- 04/26/2004 -- ANNUAL REPORT
- 07/30/2003 -- Domestic Profit

Note:-This is not official record. See documents if question or conflict.

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No Events No Name History

Entity Name: