2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE: ~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 08, 2007 8:00 am Secretary of State DOCUMENT # P06000047343 03-08-2007 90016 005 ***158.75 INTERNATIONAL SERVICES PROVIDER'S INC. 27104 8. DIXIE HWY 27104 S. DIXIE HWY. 2. Principal Place of Business - No P.O. Box # 3. Mailing Address P.O. Box SAME O. Box 343205 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For Not Applicable Florida Country \$8.75 Additional 5. Certificate of Status Desired 33034 DADe Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORRISSEY, NANCY G 725 SW 4TH TERR. Street Address (P.O. Box Number is Not Acceptable) FLORIDA CITY FL 33034 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. 2-27-07 SIGNATURE MORUSS CY NAUCY Signature, typed of printed name of regulated agent and little if applicable. (NOTE: Registered Agent skinature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE GONZALEZ, SERGIO 27104 S. DIXIE HWY. NARANTA EL 33032 NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7/P CITY-ST-ZIP Change TITLE TITLE Addition GONZALEZ SER910 NAME NAMI' P.O. Box 343205 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Florida City, Fl. 33034-0205 Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TIFLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP hereby certify that the information supplied with this filling 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.

FILED

561-598·1553