


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000013091 1. Entity Name INTERNATIONAL SUNSHINE COMPANY, INC.	
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Principal Place of Business 2307 DOUGLAS RD 500 MIAMI, FL 33145 US	Mailing Address 2307 DOUGLAS RD 500 MIAMI, FL 33145 US
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01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0472076	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALAYO, WILSON
2307 DOUGLAS RD
500
MIAMI, FL 33145

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ALAYO, WILSON 2307 DOUGLAS RD., #500 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ALAYO, JUAN 2307 DOUGLAS RD., SUITE 500 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ALAYO, JOSE 2307 DOUGLAS RD., SUITE 500 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT ALAYO, GEMA 2307 DOUGLAS RD., #500 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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1100000130901
01/20/05-800008-012 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Wilson J. Alayo 1/11/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #