


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000013091
 1. Entity Name
INTERNATIONAL SUNSHINE COMPANY, INC.



Principal Place of Business Mailing Address
2307 DOUGLAS RD **2307 DOUGLAS RD**
500 **500**
MIAMI, FL 33145 US **MIAMI, FL 33145 US**

DO NOT WRITE IN THIS SPACE



02092006 No Chg-P CR2E034 (11/05)

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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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 03/23/06-80029-024 158.75

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: _____ **3/10/06** **305-445-900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #