


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90029 036 ***158.75

DOCUMENT # F03000005467		
1. Entity Name INTERNATIONAL SOMMELIER GUILD LTD. INC.		

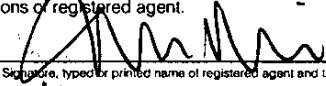
Principal Place of Business 2711 CENTERVILLE RD., STE. 400 WILMINGTON, DE 19808	Mailing Address 363 LANG BLVD. GRAND ISLAND, NY 14072 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 4109 NW 88th Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 101
City & State	City & State Coral Springs, FL
Zip	Zip 33063
Country	Country Broward

	
03302008	Chg-P CR2E034 (12/06)
4. FEI Number 98-0380826	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

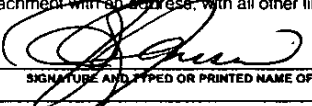
6. Name and Address of Current Registered Agent	
MILLER, JOSEPH 3094 NW 72 AVENUE MARGATE, FL 33063	

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 	DATE Mar 31/08
(NOTE: Registered Agent signature required when reinstating)	

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CDP MILLER, JOSEPH 363 LANG BLVD. GRAND ISLAND, NY 14072 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CDP Joseph Miller 4109 NW 88th Avenue, Suite 101 Coral Springs, FL 33065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PARADELA, JOSE 363 LANG BLVD. GRAND ISLAND, NY 14072 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Wayne Gotts 4109 NW 88th Avenue, Suite 101 Coral Springs, FL 33065 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST JANSSEN, JENNIFER 363 LANG BLVD. GRAND ISLAND, NY 14072 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST Jennifer Janssen 4109 NW 88th Avenue, Suite 101 Coral Springs, FL 33065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE: Mar 31/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone # 954-344-1486	