

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 05, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F04000003681**

1. Entity Name  
**INTERNATIONAL REGISTRIES, INC.**



Principal Place of Business  
**11495 COMMERCE PARK DRIVE  
RESTON, VA 20191**

Mailing Address  
**11495 COMMERCE PARK DRIVE  
RESTON, VA 20191**



06302005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**54-1563371**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KAHILA, ARI  
1600 S.E. 17TH STREET, CAUSEWAY, SUITE 403  
FT. LAUDERDALE, FL 33316**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	CP
NAME	GALLAGHER, WILLIAM R
STREET ADDRESS	11495 COMMERCE PARK DRIVE
CITY-ST-ZIP	RESTON, VA 20191
TITLE	VCVT
NAME	GUIDA, F.A.
STREET ADDRESS	11495 COMMERCE PARK DRIVE
CITY-ST-ZIP	RESTON, VA 20191
TITLE	D
NAME	MAITLAND, G.E.C.
STREET ADDRESS	11495 COMMERCE PARK DRIVE
CITY-ST-ZIP	RESTON, VA 20191
TITLE	DS
NAME	HURST, MELISSA A
STREET ADDRESS	11495 COMMERCE PARK DRIVE
CITY-ST-ZIP	RESTON, VA 20191
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000370504

07/05/05-80019-W18 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**F.A. Guida - Director** 6/30/05 (703) 620-4880

Date

Daytime Phone #