

2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 24, 2009
Secretary of State**

DOCUMENT# F78935

Entity Name: INTERNATIONAL SALES - CARIBBEAN CORP.

Current Principal Place of Business:

2200 NW CORPORATE BLVD.
SUITE 401
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

2200 NW CORPORATE BLVD.
SUITE 401
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 59-2207287 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HCRM CORP.
2200 NW CORPORATE BLVD.
SUITE 401
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HUNT, ROBERT J.,
Address: 2200 NW CORPORATE BLVD., SUITE 401
City-St-Zip: BOCA RATON, FL 33431

Title: VP () Delete
Name: MALDONADO, ELICE
Address: 2200 NW CORPORATE BLVD., SUITE 401
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELICE MALDONADO

VP

03/24/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date