

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2004 8:00 am
Secretary of State

01-13-2004 90040 034 ****55.00

DOCUMENT # L03000019909

1. Entity Name
INTERNATIONAL DEVELOPMENT SERVICES, LLC



Principal Place of Business
**1034 RUSSELL DRIVE
HIGHLAND BEACH, FL 33487 US**

Mailing Address
**1034 RUSSELL DRIVE
HIGHLAND BEACH, FL 33487 US**

24001463

2. Principal Place of Business
10150 N.W. 47th St.
Suite, Apt. #, etc.

3. Mailing Address
10150 N.W. 47th St.
Suite, Apt. #, etc.



01082004 Chg-LLC CR2E083 (10/03)

City & State
Sunrise, FL.
Zip
33351 Country
USA

City & State
Sunrise FL.
Zip
33351 Country
USA

4. FEI Number
55-0842375 Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**EPSTEIN HISA-A
1034 RUSSELL DRIVE
HIGHLAND BEACH, FL 33487**

7. Name and Address of New Registered Agent

Name
Rose C. DeAngelis
Street Address (P.O. Box Number is Not Acceptable)
10150 N.W. 47th St.
City
Sunrise FL Zip Code
33351

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-04

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE ANGELIS, ROSE C 1034 RUSSELL DRIVE HIGHLAND BEACH, FL 33487	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-8-04 954-748-4437