2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# L08000114544

Entity Name: INTERNATIONAL'S SOLUTION NETWORK, LLC

Current Principal Place of Business:

2125 NW 22 STREET
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

2125 NW 22 STREET
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 26-4489822 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PIEDRA, AURELIO
9100 SOUTH DADELAND BLVD
SUITE 912
MIAMI, FL 33156 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

MANAGING MEMBERS/MANAGERS:

Title:	MGR ( ) Delete
Name:	DUARTE, CARLOS E
Address:	1613 ORION LANE
City-St-Zip:	WESTON, FL 33327
Title:	MGR ( ) Delete
Name:	DE CASTRO, EDUARDO A
Address:	1912 TIMBERLINE RD
City-St-Zip:	WESTON, FL 33327
Title:	MGR (X) Delete
Name:	CAMPOS, MARIA A
Address:	2125 NW 22 STREET
City-St-Zip:	POMPANO BEACH, FL 33069

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 is true and accurate and that my electronic 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: EDUARDO DE CASTRO MGR 03/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date