


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L20406 1. Entity Name INTERNATIONAL STRUCTURAL SERVICES, INC.	
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Principal Place of Business % WALTER J. GATTI 2060 SOUTH PATRICK DR. INDIAN HARBOUR BEACH, FL 32937	Mailing Address % WALTER J. GATTI 2060 SOUTH PATRICK DR. INDIAN HARBOUR BEACH, FL 32937
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01172005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2978902	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  GATTI, WALTER J. 2060 SOUTH PATRICK DR. INDIAN HARBOUR BEACH, FL 32937
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT GATTI, WALTER J. 2060 S PATRICK DR. INDIAN HARBOUR BCH F,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV ALONSO, JOHN 70 EAST OLD COUNTRY RD HICKSVILLE NY,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP NAKAMURA, YUGI 8-23-3 OUIJIDAI CHIBA 285, JAPAN,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GATTI, DOROTHEA 2060 S. PATRICK DR. INDIAN HARBOUR BCH FL,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000197034 01/26/05-80095-002 150.00  <b>DO NOT WRITE IN THIS SPACE</b>
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12. 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 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:  **WALTER GATTI** 1-19-05 321-773-3036  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #