

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 08, 2005 08:00 AM
Secretary of State

DOCUMENT # L98379

1. Entity Name
INTERNATIONAL TRADE REPRESENTATIVES, INC.



Principal Place of Business
**P O BOX 621477
ORLANDO, FL 32862**

Mailing Address
**P O BOX 621477
ORLANDO, FL 32862**



07202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3031631

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BETZALA, THOMAS
5115 NADINE ST
ORLANDO, FL 32807**

**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

000000375835
08/08/05-80002-017 150.00

**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	D
NAME	LEEMON, JOSEPH J.
STREET ADDRESS	PO BOX 621477 N/A
CITY- ST- ZIP	ORLANDO, FL
TITLE	D
NAME	BETZALA, THOMAS
STREET ADDRESS	5115 NADINE ST
CITY- ST- ZIP	ORLANDO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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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)(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: *Thomas Betzala* **THOMAS BETZALA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/30/05 407-282-5076