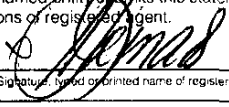


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90100 020 ***158.75

DOCUMENT # M04820 1. Entity Name INTERNATIONAL REPRESENTATIVES, INC.					
Principal Place of Business 10300 NE 121 WAY MEDLEY, FL 33178 5835 Blue lagoon Dr Ste 100 Miami, FL 33126			Mailing Address 10300 NE 121 WAY MEDLEY, FL 33178 5835 Blue lagoon Dr Suite 100 Miami, FL 33126		
2. Principal Place of Business - No P.O. Box # 5835 Blue lagoon Dr Suite, Apt. #, etc. # 100		3. Mailing Address 5835 Blue lagoon Dr Suite, Apt. #, etc. # 100			
City & State Miami, FL		City & State Miami, FL		01072008 Chg-P CR2E034 (12/06)	
Zip 33126		Country USA		4. FEI Number 59-2450898	
Zip 33126		Country USA		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAMAS, JOSE A 10300 NW 121 WAY MEDLEY, FL 33178 Alejandra A Lamas 5835 Blue lagoon Dr Ste 100 Miami, FL 33126			7. Name and Address of New Registered Agent Name Alejandra A Lamas Street Address (P.O. Box Number is Not Acceptable) 5835 Blue lagoon Dr Suite 100 City Miami FL Zip Code 33126		
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:  DATE: 1-08-08 Signature must be printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAMAS, JOSE ANTONIO C/O 10300 NW 121 WAY MEDLEY, FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Lamas Jose Antonio 5835 Blue lagoon Dr Ste 100 Miami, FL 33126	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LAMAS SHOJAE, MARIA C/O 10300 NW 121 WAY MEDLEY, FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Lamas Shojee Maria 5835 Blue lagoon Dr Ste 100 Miami, FL 33126	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAMAS, ALEJANDRA A C/O 10300 NW 121 WAY MEDLEY, FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Lamas Alejandra A 5835 Blue lagoon Dr Ste 100 Miami, FL 33126	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			Alejandra A Lamas 1-08-08 304-2624010 Signature and Typed or Printed Name of Signing Officer or Director Date Date/Time Phone #		