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	Mailing Address
~~10300 NE 121 WAY~~ ~~MEDLEY FL 33178~~ 5835 Blue Lagoon Dr Ste 100 Miami, Fl 33126	~~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	3. Mailing Address 5835 Blue Lagoon Dr
Suite, Apt. #, etc. #100	Suite, Apt. #, etc. #100
City & State Miami FL	City & State Miami FL
Zip 33126 Country USA	Zip 33126 Country USA

01072008 Chg-P CR2E034 (12/06)

4. FEI Number 59-2450898 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~LAMAS, JOSE A~~ ~~10300 NW 121 WAY~~ ~~MEDLEY, FL 33178~~ Alejandra A Lamas 5835 Blue Lagoon Dr ste 100 Miami, Fl 33126	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 [signature] 1-08-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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. PD 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	Lamas Jose Antonio 5835 Blue Lagoon Dr ste 100 Miami, Fl 33126	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD LAMAS SHOJAEE, MARIA C/O 10300 NW 121 WAY MEDLEY, FL 33178	☐ Delete	VSD Lamas Shojaee 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	TD Lamas Alejandra A 5835 Blue Lagoon Dr Ste 100 Miami, Fl 33126	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: [signature] Alejandra A Lamas 1-08-08 305-262-4010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #