## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P00000015333 1. Entity Name INTERNATIONAL ROLLER COMPANY



Principal Place of Business

810 NW 57 COURT FORT LAUDERDALE, FL 33309 Mailing Address

810 NW 57 COURT FORT LAUDERDALE, FL 33309 FILED Apr 23, 2007 08:00 AM Secretary of State



CR2E034 (11/05)

No Chg-P

	JU NUI WKIIE II	N I HIO SPACE		
<b>-</b>			4. FEI Number	Applied For
		and they are a secondary	65-0991222	Not Applicable
	*		5. Certificate of Status Desir	ed   \$8.75 Additional Fee Required
	6. Name and Address of Current Regis	stered Agent		
MAJANO, VICTOR			DO NOT	WRITE
810 NW 57 COURT FORT LAUDERDALE, FL 33309				
1 0111 2511	35EN5/NEE, 1 E 33333		IN THIS S	SPACE
		·		•
			The state of the s	
	e named entity submits this statement for the parties.	purpose of changing its registered office or re	gistered agent, or both, in the State of	of Florida. I am familiar with, and accept
0				
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered Agent signature r	equited when reinstalling)	DATE
	and the state of particular and any and also again and also	(1997) (1997) (1997) (1997) (1997) (1997)	adough and an analysis and	
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaign Financing	\$5.00 May Be	
After M	ay 1, 2007 Fee will be \$550.00	Trust Fund Contribution.	Added to Fees	
10.	OFFICERS AND DIREC	CTORS " "		
TITLE	P	2.13		, r
NAME	REYES, SOTERO			
STREET ADDRESS	2805 N COURSE DR. #9104			The state of the s
CHY-SI-ZIP	POMPANO BEACH, FL 33175			7.1
TITLE	T	7	Carlo Saladar J.	J <u>0</u> 00000722082
NAME STREET ADDRESS	FLORES, FRANCISCO A		05/0	02/07-80017-017 150.O
CITY-ST-ZIP	7870 NW 1 CT MARGATE, FL 33063		and the contract of the contra	
TITLE	S			
NAME	REYES, MARCO A			•
STREET ADDRESS	3505 W ATLANTIC BLVD 616			
CITY-ST-ZIP	POMPANO BEACH, FL 33069		DO NOT	WRITE
TITLE			علان المراكز أراحو كو	*
NAME			IN THIS S	PAUE
STREET ADDRESS		the state of the		
CITY-ST-ZIP			The state of the s	,
TITLE		this contains		Section 1.
NAME	1		regarding the state of the stat	

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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/24/07

Daylime Phone #