

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000083093

1. Entity Name
INTERNATIONAL DISCOUNT SERVICES, INC.



Principal Place of Business
**7350 NW 7TH ST
SUITE 104
MIAMI, FL 33126**

Mailing Address
**P.O. BOX 010270
MIAMI, FL 33101-0270**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04142004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-1037352

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

**CHEHADE, PAUL
1020 SW 10TH AVENUE
MIAMI, FL 33130**

Name

Street Address (P.O. Box Number is Not Acceptable)

7350 NW 7 ST. Ste: 104

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, 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, 2004 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 **DP** ☐ Delete
NAME **CHEHADE, PAUL**
STREET ADDRESS **1020 SW 10TH AVENUE**
CITY-ST-ZIP **MIAMI, FL 33130**

TITLE ☐ Change ☐ Addition
NAME **7350 NW 7 ST. STE: 104**
STREET ADDRESS **Miami, FL 33126**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **600033723506**
CITY-ST-ZIP **04/23/04--01023--018 **600.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
04 APR 15 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

