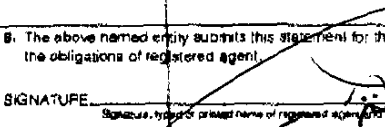
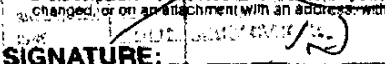


FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90267 020 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P01000018540			
1. Entity Name INTERNATIONAL SUPERMARKET SUPPLIES CORP.			
Principal Place of Business 3370 NW 72 AVENUE MIAMI, FL 33122		Mailing Address 3370 NW 72 AVENUE MIAMI, FL 33122	
2. Principal Place of Business SAME		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country USA		Country USA	
4. FEI Number 65-1082628		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROTTENBERG, CARLOS 19390 COLLINS AVE, APT. 1405 SUNNY ISLES BEACH, FL 33160		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 fee if applicable.		REGISTERED AGENT Rottenberg Carlo 04/06/04 (NOTE: Registered Agent signature required when renewing) DATE	
FILE NOW! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		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	PSD ROTTENBERG, CARLOS 19390 COLLINS AVE, APT. 1405 SUNNY ISLES BEACH, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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 exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this 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		REGISTERED AGENT Rottenberg Carlo 04/06/04 305-5910665 DATE DAYTIME PHONE #	

44026331



04022004 Chg-P CR2E034 (10/03)