

**2008 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90036 024 ***150.00

DOCUMENT # P02000014572

1. Entity Name
INTERNATIONAL SWIM SCHOOLS, INC.



Principal Place of Business

6861 SW 96 AVE
#405
PEMBROKE PINES, FL 33332

Mailing Address

2084 N. UNIVERSITY DR.
SUNRISE, FL 33322



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number

90-0008526

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GOLDBERG, HENRIETTA
2084 N. UNIVERSITY DR.
SUNRISE, FL 33322

**DO NOT WRITE
IN THIS SPACE**

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

H. Goldberg

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

1-24-08

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

TITLE	D
NAME	GOLDBERG, HENRIETTA
STREET ADDRESS	692 KENSINGTON PLACE
CITY-ST-ZIP	WILTON MANORS, FL 33305
TITLE	General Manager
NAME	White, Antony
STREET ADDRESS	2084 N University Dr
CITY-ST-ZIP	Sunrise, FL 33322
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

H. Goldberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-08 954-747-7251

Date

Daytime Phone #