


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90016 045 ***150.00

DOCUMENT # P02000029280 1. Entity Name IRVYSA INTERNATIONAL CORP.					
Principal Place of Business 3191 CORAL WAY STE 644 MIAMI, FL 33145			Mailing Address PMB 357/2520 SW 22 ST STE 2 MIAMI, FL 33145		
2. Principal Place of Business - No P.O. Box # 3191 CORAL WAY		3. Mailing Address Suite, Apt. #, etc. Suite 204			
City & State Miami		City & State Miami		4. FEI Number 27-0007622	
Zip 33145		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASTILLO B., ALVARO 1390 BRICKELL AVENUE SUITE 200 MIAMI, FL 33131				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D TORRES, SANDRA 2901 S. BAYSHORE DR. APT. 6-G MIAMI, FL 33133	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TYBUSZYNski, IRMA CAROL 1610 SW 76 COURT MIAMI, FL 33155	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHOW, IVY 1111 SW 13TH STREET MIAMI, FL 33133	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHOW, IVY 1111 SW 13TH STREET MIAMI, FL 33133	<input type="checkbox"/> Delete			
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: <u>Sandra Torres</u> SANDRA TORRES <u>4/5/07</u> <u>305-443-0777</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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04052007 Chg-P CR2E034 (12/06)

4. FEI Number 27-0007622 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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.

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	D TORRES, SANDRA 2901 S. BAYSHORE DR. APT. 6-G MIAMI, FL 33133	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TYBUSZYNski, IRMA CAROL 1610 SW 76 COURT MIAMI, FL 33155	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHOW, IVY 1111 SW 13TH STREET MIAMI, FL 33133	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHOW, IVY 1111 SW 13TH STREET MIAMI, FL 33133	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition
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SIGNATURE: Sandra Torres **SANDRA TORRES** 4/5/07 305-443-0777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #