## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000016113

FILED Apr 18, 2005 Secretary of State

Entity Name: INTERNATIONAL, COMMERCIAL, TRANSPORTATION & SERVICE CORP.

Current Principal Place of Business: New Principal Place of Business:

605 FAIRWAY DRIVE 1210 FOUR MILE RD.

APT. #208 ST. AUGUSTINE, FL 32084 ST. AUGUSTINE, FL 32084

Current Mailing Address: New Mailing Address:

605 FAIRWAY DRIVE 1210 FOUR MILE RD.

APT. #208 ST. AUGUSTINE, FL 32084 ST. AUGUSTINE, FL 32084

FEI Number: 32-0079008 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TOTH, KRISZTIAN

605 FAIRWAY DRIVE

1210 FOUR MILE RD.

APT. #208 ST. AUGUSTINE, FL 32084 US

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.

SIGNATURE: 04/18/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS ( ) Delete Title: PTS (X) Change ( ) Addition

Name:TOTH, KRISZTIANName:TOTH, KRISZTIANAddress:605 FAIRWAY DRIVE, APT. 208Address:1210 FOUR MILE RD.

City-St-Zip: ST. AUGUSTINE, FL 32084 US City-St-Zip: ST. AUGUSTINE, FL 32084 US

Name: BALI, ANETT Name: BALI, ANETT
Address: 605 FAIRWAY DRIVE, APT. 208 Address: 1210 FOUR MILE RD.

 Address:
 605 FAIRWAY DRIVE, APT. 208
 Address:
 1210 FOUR MILE RD.

 City-St-Zip:
 ST. AUGUSTINE, FL 32084
 City-St-Zip:
 ST. AUGUSTINE, FL 32084

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOTH KRISZTIAN PTS 04/18/2005