

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000110564

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** INTERNATIONAL IMMIGRATION SERVICES, P.A.

**Current Principal Place of Business:**

720 FIFTH AVE SOUTH STE 200  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

720 FIFTH AVE SOUTH STE 200  
NAPLES, FL 34102

**New Mailing Address:**

**FEI Number:** 65-1243432

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D ( ) Delete  
**Name:** INTERNATIONAL IMMIGR, ATION SERVICES , P.A.  
**Address:** 720 FIFTH AVE SOUTH STE 200  
**City-St-Zip:** NAPLES, FL 34102

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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:** KAREN A. CACO

D

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date