2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2005
Secretary of State

DOCUMENT# P04000073956

Entity Name: INTERNATIONAL TRADE & SUPPLIES, INC.

Current Principal Place of Business:

1620 CORNERVOEW LANE
ORLANDO, FL 32820

New Principal Place of Business:

11100 EAST COLONIAL DR
98
ORLANDO, FL 32817

Current Mailing Address:

1620 CORNERVOEW LANE
ORLANDO, FL 32820

New Mailing Address:

1620 CORNERVIEW LANE
ORLANDO, FL 32820

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CABRALES, MYRON
1398 DUNHILL DR.
LONGWOOD, FL 32750 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: BONNELLS, VICTOR H
Address: 1620 CORNERVOEW LANE
City-St-Zip: ORLANDO, FL 32820

Title: D ( ) Delete
Name: TURBAY, JULIA M
Address: 1620 CORNERVOEW LANE
City-St-Zip: ORLANDO, FL 32820

Title: D ( ) Delete
Name: BONNELLS, HUGO D
Address: 1620 CORNERVOEW LANE
City-St-Zip: ORLANDO, FL 32820

Title: D ( ) Delete
Name: CABRALES, MYRON
Address: 1398 DUNHILL DR.
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BONNELLS, VICTOR H
Address: 1620 CORNERVIEW LANE
City-St-Zip: ORLANDO, FL 32820

Title: D (X) Change ( ) Addition
Name: TURBAY, JULIA M
Address: 1620 CORNERVIEW LANE
City-St-Zip: ORLANDO, FL 32820

Title: D (X) Change ( ) Addition
Name: BONNELLS, HUGO D
Address: 1620 CORNERVIEW LANE
City-St-Zip: ORLANDO, FL 32820

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

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: MYRON CABRALES D 04/16/2005
Electronic Signature of Signing Officer or Director Date