

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000153083

1. Entity Name  
INTERNATIONAL TREND DISTRIBUTION AND  
SERVICES, INC.



FILED

07 OCT -1 PM 4:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5902 MEMORIAL HIGHWAY  
# 404  
TAMPA, FL 33615 US

Mailing Address  
P. O. BOX 24433  
TAMPA, FL 33623 US



2. Principal Place of Business - No P.O. Box #  
5902 Memorial Hwy  
Suite, Apt. #, etc.  
#404

3. Mailing Address  
P.O. Box 260035  
Suite, Apt. #, etc.

08292007 Chg-P CR2E034 (12/06)

City & State  
TAMPA, FLORIDA  
Zip  
33615 Country  
USA

City & State  
TAMPA, FL  
Zip  
33685 Country  
USA

4. FEI Number  
90-0004235  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

IGBINOSUN, ANTHONY N MR  
5902 MEMORIAL HIGHWAY  
404  
TAMPA, FL 33615

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

*Anthony N Igbinosun*

(NOTE: Registered Agent signature required when reinstating)

9/16/07  
DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
IGBINOSUN, ANTHONY N MR  
5902 MEMORIAL HIGHWAY, # 404  
TAMPA, FL 33615 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
IGBINOSUN, ANTHONY N MR.  
5902 MEMORIAL HIGHWAY, # 404  
TAMPA, FL 33615 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
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☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 ~~has~~ empowered.

SIGNATURE:

*Anthony N Igbinosun*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/16/07

Date Daytime Phone #

International Trend Distribution and Services, Inc.  
P.O. Box 24433  
Tampa, Fl 33623  
August 15, 2007

Division of Corporations  
P.O. Box 1500  
Tallahassee, Fl 32302

Dear Sirs:

This letter is to explain that I did not get my annual filling notice for my corporation. I am enclosing the regular fee of \$160.00 as a result. This also happened last year and the corporation's mailing address has not changed.

I enclosed a new change of address form since there is communicating problem through the previous address. Henceforth, the new address in the form will serve all future communication purposes.

Please amend your records match accordingly.

Thank you for your cooperation in this regards.

Yours faithfully,

  
Anthony N. Igbinosun

For International Trend Distribution and Services, Inc.