

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90016 005 ***158.75

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1. Entity Name

INTERNATIONAL SERVICES PROVIDER'S INC.



Principal Place of Business

27104 S. DIXIE HWY.
NARANTA FL 33032

Mailing Address

27104 S. DIXIE HWY.
NARANTA FL 33032



2. Principal Place of Business - No P.O. Box #

P.O. Box 343205

Suite, Apt. #, etc.

3. Mailing Address

SAME P.O. Box

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Florida City, Florida

City & State

FL

4. FEI Number

14-1956375

Applied For

Not Applicable

Zip

33034

Country

DADE

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORRISSEY, NANCY G
725 SW 4TH TERR.
FLORIDA CITY FL 33034

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

MORRISSEY, NANCY G.

Agent

2-27-07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GONZALEZ, SERGIO ☒ Delete
STREET ADDRESS 27104 S. DIXIE HWY.
CITY-ST-ZIP NARANTA FL 33032

TITLE PD
NAME GONZALEZ, SERGIO ☐ Delete
STREET ADDRESS P.O. Box 343205
CITY-ST-ZIP Florida City, FL 33034-0205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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

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

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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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Office

Daytime Phone #

561-598-1553