

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90034 029 \*\*\*150.00

**DOCUMENT # P06000047343**

1. Entity Name  
**INTERNATIONAL SERVICES PROVIDER'S INC.**



Principal Place of Business  
**P O BOX 343205**  
**FLORIDA CITY, FL 33034**

Mailing Address  
**P O BOX 343205**  
**FLORIDA CITY, FL 33034**

2. Principal Place of Business - No P.O. Box #  
**18326 N.W. 68 Ave**  
Suite, Apt. #, etc.  
**Suite # E**

3. Mailing Address  
**18326 N.W. 68 Ave**  
Suite, Apt. #, etc.  
**Suite # E**

City & State  
**Miami Garden FL**  
Zip  
**33015**  
Country  
**DADE**

City & State  
**Miami Garden FL**  
Zip  
**33015**  
Country  
**DADE**

05052008 Chg-P CR2E034 (12/06)

4. FEI Number  
**14-1956375**

Applied For  
Not Applicable

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  
**MORRISSEY, NANCY G.**  
Street Address (P.O. Box Number is Not Acceptable)  
**18326 N.W. 68 Ave Suite E**  
**MIAMI GARDEN FL.**  
City  
**DADE** **FL** Zip Code  
**33015**

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 **OWNER Sergio Gonzalez**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**5-15-08**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**GONZALEZ, SERGIO**  
**P O BOX 343205**  
**FLORIDA CITY, FL 33034** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**GONZALEZ, Sergio**  
**18326 N.W. 68 Ave Suite # E**  
**MIAMI GARDEN FL. 33015** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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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

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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 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 like empowered.

SIGNATURE: **Sergio Gonzalez**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-15-08**  
Date

**(561) 598-1553**  
Daytime Phone #