2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000013994

Entity Name: INTERNATIONAL SUPPLIES & EXPORT CORP.

FILED Apr 22, 2008 Secretary of State

Entry Name: INTERNATIONAL CONTILLO & EXITORY			
Current Principal Place of Business:	New Principal Place o	New Principal Place of Business:	
18501 PINES BLVD, SUITE 201 E-2 PEMBROKE PINES, FL 33029	3300 NW 112 AVE UNIT 6 DORAL, FL 33172		
Current Mailing Address:	New Mailing Address	:	
18501 PINES BLVD, SUITE 201 E-2 PEMBROKE PINES, FL 33029	3300 NW 112 AVE UNIT 6 DORAL, FL 33172		
FEI Number: 20-8346236 FEI Number Applied For () F	El Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
GBS CONSULTANTS, INC. 18501 PINES BLVD, SUITE 201 E-2 PEMBROKE PINES, FL 33029 US			
The above named entity submits this statement for the purp in the State of Florida.	ose of changing its registered	I office or registered agent, or both,	
SIGNATURE:			
Electronic Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:	

Title: **PVST** () Delete Title: (X) Change () Addition BELMONTE, GIANPAOLO BELMONTE, GIANPAOLO Name: Name: 18501 PINES BLVD, SUITE 201 E-2 Address: 3300 NW 112 AVE UNIT 6 Address: City-St-Zip: PEMBROKE PINES, FL 33029 City-St-Zip: DORAL, FL 33172

Title: () Delete Title: (X) Change () Addition BELMONTE, GIANPAOLO BELMONTE, GIANPAOLO Name: Name: Address: 3300 NW 112 AVE UNIT 6

18501 PINES BLVD, SUITE 201 E-2 Address: PEMBROKE PINES, FL 33029 DORAL, FL 33172 City-St-Zip: City-St-Zip:

() Delete Title: Title: (X) Change () Addition

Name: BELMONTE, MAURO Name: BELMONTE, MAURO 18501 PINES BLVD, SUITE 201 E-2 Address: 3300 NW 112 AVE UNIT 6 Address City-St-Zip: PEMBROKE PINES, FL 33029 City-St-Zip: DORAL, FL 33172

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.

Ρ SIGNATURE: GIANPAOLO BELMONTE 04/22/2008