

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000066147

FILED
Oct 08, 2009
Secretary of State

Entity Name: INTERNATIONAL SUPPLIERS & SERVICES CORP

Current Principal Place of Business:

2582 S MAGUIRE RD, STE 217
OCOEE, FL 34761

New Principal Place of Business:

Current Mailing Address:

2582 S MAGUIRE RD, STE 217
OCOEE, FL 34761

New Mailing Address:

FEI Number: 26-2994487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COHEN, ANNA
8815 CONROY RD
#129
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

COHEN, ANNA
2582 S MAGUIRE RD
217
OCOEE, FL 34761 US

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: ANNA COHEN

10/08/2009

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ANNA, COHEN
Address: 8815 CONROY RD
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: CHACON, JOSE LUIS
Address: HCO2 BOX 9666
City-St-Zip: JUNCOS, PR 00777,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ANNA, COHEN
Address: 2582 S MAGUIRE RD # 217
City-St-Zip: OCOEE, FL 34761

Title: D (X) Change () Addition
Name: CHACON, JOSE LUIS
Address: 2582 S MAGUIRE RD # 217
City-St-Zip: OCOEE, FL 34786

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.

SIGNATURE: ANNA COHEN

P

10/08/2009

Electronic Signature of Signing Officer or Director

Date