

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000107037

FILED
Aug 28, 2009
Secretary of State

Entity Name: INTERNATIONAL PRODUCTIONS AND PUBLISHER SERVICES CORP.

Current Principal Place of Business:

30640 SW 188 AVE.
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

30640 SW 188 AVE.
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

AGOSTO, PATRICIA M
30640 SW 188 AVE.
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

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: _____

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: AGOSTO, PATRICIA M
Address: 30640 SW 188 AVE
City-St-Zip: HOMESTEAD, FL 33030

Title: VP () Delete
Name: CARRASCO, ALONSO R
Address: 30301 SW 149 AVE.
City-St-Zip: HOMESTEAD, FL 33033

Title: S () Delete
Name: MARGOTT, MOLINA
Address: 30301 SW 149 AVE
City-St-Zip: HOMESTEAD, FL 33033

Title: T () Delete
Name: PATRICIA, AGOSTO
Address: 30640 SW 188 AVE
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PATRICIA AGOSTO

PDTE

08/28/2009

Electronic Signature of Signing Officer or Director

_____ Date