


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 26, 2007 08:00 A
Secretary of State**

DOCUMENT # P93000003426

1. Entity Name
INTERNATIONAL CINEMA SERVICES, INC.



Principal Place of Business Mailing Address

5600 NW 32 AVE 5600 NW 32 AVE
MIAMI, FL 33142 MIAMI, FL 33142

DO NOT WRITE IN THIS SPACE



02072007 No Chg-P CR2E034 (11/05)

4. FEI Number 58-1212280	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PASTERNAK, MARSHALL R.
2500 FIRST UNION FINANCIAL CENTER
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST KRAMS, STEVEN 5600 NW 32 AVE MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REUSCH, DARA 5600 NW 32 AVE MIAMI, FL 33142
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03/30/07-80097-001 150.00

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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:  Steven Krams 3/21/07 305-573-7339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #