

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90028 019 \*\*\*150.00

**DOCUMENT # P93000007340**

1. Entity Name  
INTERNATIONAL TELESYSTEMS, INC.



Principal Place of Business  
6638 COLLINS AVE  
MIAMI BCH, FL 33139 US

Mailing Address  
6638 COLLINS AVE  
MIAMI BCH, FL 33139 US

94047381



2. Principal Place of Business

3. Mailing Address  
3860 NE 167 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
#4

02192004

Chg-P

CR2E034 (10/03)

City & State

City & State  
North Miami Beach, FL

4. FEI Number  
65-0387492

Applied For

Not Applicable

Zip

Country

Zip

33160

Country

Dade

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASTRO, ELIZABETH  
6638 COLLINS AVE  
MIAMI BCH, FL 33139

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE : D ☐ Delete  
NAME : CASTRO, ELIZABETH  
STREET ADDRESS : 6638 COLLINS AVE  
CITY-ST-ZIP : MIAMI BEACH, FL 33139

TITLE : ☒ Change ☐ Addition  
NAME :   
STREET ADDRESS : 3860 NE 167 Street, # 4  
CITY-ST-ZIP : North Miami Beach, FL 33160

TITLE : VP ☐ Delete  
NAME : GIRALDO, HUMBERTO  
STREET ADDRESS : 6638 COLLINS AVE  
CITY-ST-ZIP : MIAMI BCH, FL

TITLE : ☒ Change ☐ Addition  
NAME :   
STREET ADDRESS : 3860 NE 167 Street, # 4  
CITY-ST-ZIP : North Miami Beach, FL 33160

TITLE : ☐ Delete  
NAME :   
STREET ADDRESS :   
CITY-ST-ZIP :

TITLE : ☐ Change ☐ Addition  
NAME :   
STREET ADDRESS :   
CITY-ST-ZIP :

TITLE : ☐ Delete  
NAME :   
STREET ADDRESS :   
CITY-ST-ZIP :

TITLE : ☐ Change ☐ Addition  
NAME :   
STREET ADDRESS :   
CITY-ST-ZIP :

TITLE : ☐ Delete  
NAME :   
STREET ADDRESS :   
CITY-ST-ZIP :

TITLE : ☐ Change ☐ Addition  
NAME :   
STREET ADDRESS :   
CITY-ST-ZIP :

TITLE : ☐ Delete  
NAME :   
STREET ADDRESS :   
CITY-ST-ZIP :

TITLE : ☐ Change ☐ Addition  
NAME :   
STREET ADDRESS :   
CITY-ST-ZIP :

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Elizabeth Castro*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/04  
Date

Daytime Phone #