

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90094 031 ***150.00

DOCUMENT # P96000044653

1. Entity Name
INTEGRATED SERVICES OF USA, INC.



Principal Place of Business
9147 SW 113 PLACE
MIAMI, FL 33176 US

Mailing Address
PO BOX 830185
MIAMI, FL 33283 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

9147 SW 113 Place

01042007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

Zip

Country

Zip

Country

33176

USA

4. FEI Number

65-0674853

Applied For

Not Applicable

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

DE ARMAS, LUZ E
9147 SW 113 PLACE
MIAMI, FL 33176

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

01/19/07

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DE ARMAS, LUZ E
9147 SW 113 PLACE
MIAMI, FL 33176 ☐ Delete

TITLE
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CITY-ST-ZIP
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P
DE ARMAS, LUZ E
9147 SW 113 PLACE
MIAMI FL 33176 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
✓
Juan C Salazar
9147 SW 113 PLACE
MIAMI FL 33176 ☐ Change ☒ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/19/07

305-1981862

Date

Daytime Phone #