


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90238 016 ***150.00

DOCUMENT # P96000066296

1. Entity Name
INTERNATIONAL LOGISTICS SYSTEMS, INC.



Principal Place of Business 6151 MIRAMAR PARKWAY #106 MIRAMAR, FL 33023-3900	Mailing Address 6151 MIRAMAR PARKWAY #106 MIRAMAR, FL 33023-3900
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2. Principal Place of Business 17861 NW 14th Street	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Pembroke Pines FL	City & State
Zip 33029-3132	Country Broward

04252006 Chg-P CR2E034 (11/05)

4. FEI Number
54-1592949

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COBY, HENRIO
 6151 MIRAMAR PARKWAY
 #106
 MIRAMAR, FL 33023-3900**

7. Name and Address of New Registered Agent

Name
Coby, Henrio

Street Address (P.O. Box Number is Not Acceptable)
17861 NW 14th Street

Pembroke Pines, FL 33029-3132

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PD COBY, HENRIO 17861 NW 14TH STREET PEMBROKE, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 names empowered.

SIGNATURE:  **4/26/06**

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