

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90026 032 ***158.75

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1. Entity Name

INTERNATIONAL LAND CONSULTANTS, INC.



Principal Place of Business

6365 TAFT ST.
3007
HOLLYWOOD FL 33024

Mailing Address

6365 TAFT ST
3007
HOLLYWOOD FL 33024

34060000



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0742111

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

TOSCANO, ROCCO
1689 HIATUS RD B #148
PEMBROKE PINES FL 33026

7. Name and Address of New Registered Agent

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

13181 NW 19TH ST
City PEMBROKE PINES FL 33028

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

2-24-04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME P
STREET ADDRESS TOSCANO, ROCCO
CITY-ST-ZIP 1689 HIATUS ROAD #148
PEMBROKE PINES FL 33026

TITLE ☐ Delete
NAME VPS
STREET ADDRESS TOSCANO, ROCCO
CITY-ST-ZIP 1689 HIATUS ROAD #148
PEMBROKE PINES FL 33026

TITLE ☐ Delete
NAME T
STREET ADDRESS TOSCANO, ROCCO
CITY-ST-ZIP 1689 HIATUS ROAD #148
PEMBROKE PINES FL 33026

TITLE ☐ Delete
NAME D
STREET ADDRESS TOSCANO, ROCCO
CITY-ST-ZIP 940 SW 99 AVE
PEMBROKE PINES FL 33025

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-24-04