2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000020872

TOSCANO, ROCCO

13181 NW 19TH ST

PEMBROKE PINES, FL 33028

Name:

Address:

City-St-Zip:

Entity Name: INTERNATIONAL LAND CONSULTANTS, INC.

FILED Feb 04, 2008 Secretary of State

Current P	rincipal Plac	e of Business:	New Principal Pla	New Principal Place of Business:	
4400 N. FEDERAL HWY #36			4400 N. FEDERAL #35	4400 N. FEDERAL HWY	
	TON, FL 334	31		BOCA RATON, FL 33431	
Current N	lailing Addre	ss:	New Mailing Add	New Mailing Address:	
	EDERAL HWY	(4400 N. FEDERAL HWY	
#36 BOCA RA	TON, FL 334	31		#35 BOCA RATON, FL 33431	
FEI Number	: 65-0742111	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and Addres	Name and Address of New Registered Agent:	
13181 NW	D, ROCCO L / 19TH ST KE PINES, FL	33028 US	4400 N. FEDERAL 35	TOSCANO, ROCCO L 4400 N. FEDERAL HWY 35 BOCA RATON, FL 33431 US	
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its regist	ered office or registered agent, or both,	
SIGNATURE: ROCCO L TOSCANO				02/04/2008	
	Electro	nic Signature of Registered Age	ent	Date	
Election Ca	mpaign Financir	ng Trust Fund Contribution ().			
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHAI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	TOSCANO, RO 13181 NW 19		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TOSCANO, RO 13181 NW 19		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TOSCANO, RO 13181 NW 19		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ROCCO L. TOSCAONO P 02/04/2008