

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000056481

FILED  
Apr 26, 2005  
Secretary of State

**Entity Name:** INTERNATIONAL SUMMIT SERVICES, INC.

**Current Principal Place of Business:**

4141 NE 2ND AVE.  
105-C  
MIAMI, FL 33137

**New Principal Place of Business:**

4932 SW 135 AVENUE  
MIRAMAR, FL 33027

**Current Mailing Address:**

9050 PINES BLVD.  
SUITE 450-F  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

**FEI Number:** 65-0930187

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GONZALEZ, DON P.A.  
9050 PINES BLVD.  
SUITE 450-F  
PEMBROKE PINES, FL 33024 US

**Name and Address of New Registered Agent:**

GONZALEZ, DON P.A.  
1820 N CORPORATE LAKES BLVD.  
201  
WESTON, FL 33326 US

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.

SIGNATURE:

04/26/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MEDINA, ALVARO  
Address: 9050 PINES BLVD. SUITE 450-F  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VPSD ( ) Delete  
Name: MEDINA, JUAN CARLOS  
Address: 9050 PINES BLVD. SUITE 450-F  
City-St-Zip: PEMBROKE PINES, FL 33024

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: JUAN C MEDINA

VP

04/26/2005

Electronic Signature of Signing Officer or Director

Date