## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED
Mar 17, 2008 08:00 A
Secretary of State

IMFNT		

1. Entity Name

INTERNATIONAL OUTSOURCE SOLUTIONS, INC.



Principal Place of Business

7270 N.W. 12TH STREET SUITE #680

SUITE #680 MIAMI, FL 33126 US Mailing Address

7270 N.W. 12TH STREET SUITE #680 MIAMI, FL 33126 US



01072008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0937477

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARTLAN, PAUL V 7270 N.W. 12TH STREET SUITE 680 MIAMI, FL 33126

## DO NOT WRITE IN THIS SPACE

			,		
	named entity submits this statement for the plans of registered agent. $ \label{eq:continuous} % \begin{center} centen$	ourpose of changing its registere	ed office ar r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	d applicable. (NOTE: Registere	d Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar     Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			·,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARTLAN, PAUL V 7270 N.W. 12TH STREET, STE 680 MIAMI, FL 33126			·	U00000860558 04/02/08-80067-006 158.75
TITLE NAME STREET ADDRESS CITY+ST-ZIP					***************************************
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				·IN :	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			,		
NAME .			3.2		

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 eath; 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** 

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Date

Daytime Phone 4