## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Jan 28, 2004 08:00 AM DOCUMENT # S26289 Secretary of State INTERNATIONAL LEATHER & SOLE CORPORATION Principal Place of Business Mailing Address 103 HALF MOON BAY CIRCLE 103 HALF MOON BAY CIRCLE LANTANA FL 33462 LANTANA FL 33462 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt #, etc. CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 22-3087438 Not Applicable Ζιp Country Country Zερ \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FAZIO, MARTIN 103 HALF MOON CIRCLE C2 Street Address (P.O. Box Number is Not Acceptable) LANTANA FL 33462 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change Addition NAME FAZIO, MARTIN NAME U00000016089 STREET ADDRESS 1003 HALF MOON BAY CIRCLE, C2 01/28/04-80041-014 150.00 STREET ADDRESS GITY-ST-ZIP LANTANA FL CITY-ST-ZIP ☐ Delete BRE ☐ Change Addition BILE NAME MARKE STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ⊺छा ह ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CETY-ST-78P ☐ Change ☐ Addition TELE THE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-782 CSTY - ST - ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME MANAS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Defete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.

MARTIN FAZIO

SIGNATURE:

**FILED**