

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90017 041 \*\*\*150.00

<b>DOCUMENT # S26289</b> 1. Entity Name <b>INTERNATIONAL LEATHER &amp; SOLE CORPORATION</b>					
Principal Place of Business <b>103 HALF MOON BAY CIRCLE SUITE C2 LANTANA, FL 33462 US</b>			Mailing Address <b>103 HALF MOON BAY CIRCLE SUITE C2 LANTANA, FL 33462 US</b>		
2. Principal Place of Business - No P.O. Box # <b>7518 VIA LURIA</b>		3. Mailing Address <b>7518 VIA LURIA</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>LAKE WORTH, FL</b>		City & State <b>LAKE WORTH FL</b>		4. FEI Number <b>22-3087438</b>	
Zip <b>33467</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FAZIO, MARTIN 103 HALF MOON CIRCLE C2 LANTANA, FL 33462</b>			7. Name and Address of New Registered Agent Name <b>FAZIO, MARTIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>7518 - VIA LURIA</b> City <b>LAKE WORTH</b> <b>FL</b> Zip Code <b>33467</b>		
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 <u>Martin Fazio</u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>FAZIO, MARTIN</b> <b>1003 HALF MOON BAY CIRCLE, C2</b> <b>LANTANA, FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: <u>Martin Fazio</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2/18/08</u> <small>Date Daytime Phone #</small>		