


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-21-2008 90017 041 ***150.00

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



02182008 Chg-P CR2E034 (12/06)

4. FEI Number **22-3087438** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required