


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90363 021 \*\*\*150.00

DOCUMENT # P01000029884	
1. Entity Name ISLOTE CORPORATION	

Principal Place of Business 201 SOUTH BISCAYNE BLVD STE 3400 MIAMI, FL 33131	Mailing Address 201 SOUTH BISCAYNE BLVD STE 3400 MIAMI, FL 33131
---	---



2. Principal Place of Business - No P.O. Box # 201 South Biscayne Blvd Suite, Apt. #, etc. Suite 2400 City & State Miami, Florida Zip 33131	3. Mailing Address 201 South Biscayne Blvd. Suite, Apt. #, etc. Suite 2400 City & State Miami, Florida Zip 33131
--	---

02142007 Chg-P CR2E034 (12/06)

4. FEI Number 65-1106747	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent FERRELL GRONN CORP S LLC 201 S BISCAYNE BLVD STE 3400 MIAMI, FL 33131	
--	--

7. Name and Address of New Registered Agent Name Steven Nacterio Street Address (P.O. Box Number is Not Acceptable) 201 S. Biscayne Blvd, Ste 2400 City Miami FL Zip Code 33131	
--	--

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>Steven Nacterio</u> <u>3/9/07</u> 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 After May 1, 2007 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	DPS DEL LA ROCHA, IGNACIO 201 SOUTH BISCAYNE BLVD., STE. 3400 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SAME SAME 201 SOUTH BISCAYNE BLVD, STE 2400 MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT DEL LA ROCHA, LAURA 201 SOUTH BISCAYNE BLVD., STE. 3400 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SAME SAME 201 SOUTH BISCAYNE BLVD, STE 2400 MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS DEL VALLE, IGNACIO G 201 SOUTH BISCAYNE BLVD., STE. 3400 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SAME SAME 201 SOUTH BISCAYNE BLVD, STE 2400 MIAMI, FL 33131 <input checked="" 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
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
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>Steven Nacterio</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>3/9/07</u> <u>305-358-5171</u> Date Daytime Phone #