2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000069579

1. Entity Name ISCAM-BUSINESS & CONSULTING, INC.



FILED Mar 17, 2006 08:00 AM Secretary of State

CD2E034 (11/05)

Principal Place of Business

2600 S DOUGLAS RO PH 6 CORAL GABLES, FL 33134 Mailing Address

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2600 S DOUGLAS RD PH 6 CORAL GABLES, FL 33134



DO NOT WRITE IN THIS SPACE

00102000 110 011g .	0.12	0/12/2007		
4. FEI Number		Applied For		
20-1077142		Not Applicable		
5. Certificate of Status Desired		\$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

JOSE I PADIAL PA 2600 S DOUGLAS RD PH 6 CORAL GABLES, FL 33134

SIGNATURE:

DO NOT WRITE IN THIS SPACE

			IN THIS STAGE			
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 to	applicable (NOTE Registered	Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS TINOCO, ROCARDP 2600 S DOUGLAS RD PH 6 CORAL GABLES, FL 33134					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000470936 03/28/86-80033-022 150.00	
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						
THEE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby of indicated of the corrections of the	ertity that the information supplied with this fi on his report or supplemental report is true a poralion or the receiver or frustee empowere or on an attagrament with an address, with all	ing does not qualify for the exe and accurate and that my signate to execute this report as require other like empowered.	mptions co are shall had ad by Chap	ntained in Chapter 11 we the same legal effe ster 607, Florida Statut	9, Florida Statutes. I further certify that the information ct as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 it	