


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90241 007 ***158.75


DOCUMENT # P05000069838

1. Entity Name
ISLA DE BAYAMON CORP



Principal Place of Business Mailing Address
2632 WILLOW GLEN CIR. **2632 WILLOW GLEN CIR.**
KISSIMMEE, FL 34744 **KISSIMMEE, FL 34744**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02142006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
51-0514567 Not Applicable

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

6. Name and Address of Current Registered Agent

SEPULVEDA, PATRICIA S
2632 WILLOW GLEN CIR.
KISSIMMEE, FL 34744

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SEPULVEDA, PATRICIA S	
STREET ADDRESS	2632 WILLOW GLEN CIR.	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE	T	<input type="checkbox"/> Delete
NAME	RAMOS, YAJAIRA	
STREET ADDRESS	13019 PHILADEPHIA WOODS (TREASURER)	
CITY-ST-ZIP	ORLANDO, FL 32824	
TITLE	V	<input type="checkbox"/> Delete
NAME	RAMOS, ADAM J SR	
STREET ADDRESS	13019 PHILADEPHIA WOODS	
CITY-ST-ZIP	ORLANDO, FL 32824	
TITLE	V	<input type="checkbox"/> Delete
NAME	SEPULVEDA, JOSE E SR	
STREET ADDRESS	2632 WILLOW GLEN CIR.	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Patricia S Sepulveda Feb-15-2006 321-443-4378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #