


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90054 018 \*\*\*150.00

**DOCUMENT # P95000041107**

1. Entity Name  
**INSTRUSER CO.**



Principal Place of Business  
 20855 NE 16 AVENUE  
 SUITE C23  
 MIAMI, FL 33179

Mailing Address  
 20855 NE 16 AVENUE  
 SUITE C23  
 MIAMI, FL 33179

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country



02142005 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3341298**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PYLE, MICHAEL A**  
 1265 WEST GRANADA BLVD SUITE 1  
 ORMOND BEACH, FL 32174

*ONLY EXCHANGE ADDRESS*

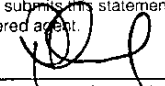
**7. Name and Address of New Registered Agent**

Name **PYLE, MICHAEL A**

Street Address (P.O. Box Number is Not Acceptable)  
**1655 NORTH CLYDE MORRIS BLVD**  
**SUITE 1**

City **DAYTONA BEACH** FL **32117**

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 **April 5 2005**

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	CONTINI, HUMBERTO 21137 NE 31 AVE AVENTURA, FL 33180	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP	DOLORES, CONTINI 21137 NE 31 AVE AVENTURA, FL 33180	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE **April 5 05** (Area) **770.2777**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

