


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000061173
 1. Entity Name
 ISLA CORPORATION



Principal Place of Business 201 S BISCAYNE BLVD 34TH FLOOR-MIAMI CENTER MIAMI, FL 33131	Mailing Address 201 S BISCAYNE BLVD 34TH FLOOR-MIAMI CENTER MIAMI, FL 33131
--	--

DO NOT WRITE IN THIS SPACE



03012004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0851705	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 FERRELL GROUP CORPORATE SERVICE, LLC
 201 S BISCAYNE BLVD
 STE 3400
 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

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, 2004 Fee will be \$550.00

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

U00000105793
 04/07/04-80039-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS DE LA ROCHA, IGNACIO 201 S BISCAYNE BLVD, 34TH FL-MIAMI CENTER MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT DE LA ROCHA, LAURA AMALIA 201 S BISCAYNE BLVD, 34TH FL-MIAMI CENTER MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DEL VALLE, IGNACIO G 201 S BISCAYNE BLVD, 34TH FL-MIAMI CENTER MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Isaac Guzman Assf. Sec. 3/26/04 305-371-8580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #