


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P98000061173 1. Entity Name ISLA CORPORATION	
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Principal Place of Business 201 S BISCAYNE BLVD SUITE 2400 MIAMI, FL 33131	Mailing Address 201 S BISCAYNE BLVD SUITE 2400 MIAMI, FL 33131
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**DO NOT WRITE IN THIS SPACE**



01172008 No Chg-P CR2E034 (11/05)

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

MACLERIO, STEVEN  
 201 S BISCAYNE BLVD  
 SUITE 2400  
 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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS DE LA ROCHA, IGNACIO 201 S. BISCAYNE BLVD, SUITE 2400 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT DE LA ROCHA, LAURA AMALIA 201 S. BISCAYNE BLVD., SUITE 2400 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DEL VALLE, IGNACIO G 201 S. BISCAYNE BLVD, SUITE 2400 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE IN THIS SPACE**

UN00000825519  
02/21/08-80013-002 150.00

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: Steven Maclerio **STEVEN MACLERIO** 2/11/08 305-358-5171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #