

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G31822

Entity Name: I.S.A. DISTRIBUTORS INC.

FILED
Feb 08, 2011
Secretary of State

Current Principal Place of Business:

6405 N.W. 36 ST., #117
MAIMI, FL 33166 US

New Principal Place of Business:

6405 N.W. 36 ST., #125
MAIMI, FL 33166 US

Current Mailing Address:

6405 N.W. 36 ST., #117
MAIMI, FL 33166 US

New Mailing Address:

6405 N.W. 36 ST., #125
MAIMI, FL 33166 US

FEI Number: 59-2291708

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPOTE, RICHARD
6405 N.W. 36 ST., #117
MAIMI, FL 33166 US

Name and Address of New Registered Agent:

CAPOTE, RICHARD
6405 N.W. 36 ST., #125
MAIMI, FL 33166 US

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.

SIGNATURE: RICHARD CAPOTE

02/08/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: CAPOTE, PEDRO
Address: 6405 N.W. 36 ST., #125
City-St-Zip: MAIMI, FL 33166 US

Title: V
Name: CAPOTE, JUAN
Address: 6405 N.W. 36 ST., #125
City-St-Zip: MAIMI, FL 33166 US

Title: S
Name: CAPOTE, RICHARD
Address: 6405 N.W. 36 ST., #125
City-St-Zip: MAIMI, FL 33166 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD CAPOTE

S

02/08/2011

Electronic Signature of Signing Officer or Director

Date