

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G31822

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 59-2291708

**Certificate of Status Desired:** No

**Name and Address of Current 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

*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

01/16/2013

Electronic Signature of Signing Officer/Director Detail

Date