

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000099622

**Entity Name:** ISW SOLUTIONS, INC.

**Current Principal Place of Business:**

18851 NE 29 AVENUE  
SUITE 1010  
AVENTURA, FL 33180

**Current Mailing Address:**

18851 NE 29 AVENUE  
SUITE 1010  
AVENTURA, FL 33180

**FEI Number:** 27-4907309

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CAMNER, ANNE S  
18851 NE 29 AVENUE  
SUITE 1010  
AVENTURA, FL 33180 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 D  
Name MIGOYA, CARLOS  
Address 18851 NE 29 AVENUE, SUITE 1010  
City-State-Zip: AVENTURA FL 33180

Title D  
Name CAMNER, ANNE  
Address 18851 NE 29 AVENUE, SUITE 1010  
City-State-Zip: AVENTURA FL 33180

Title P  
Name BOOK, RON  
Address 18851 NE 29 AVENUE, SUITE 1010  
City-State-Zip: AVENTURA FL 33180

Title D, S  
Name BOOK, LAUREN  
Address 18851 NE 29 AVENUE, SUITE 1010  
City-State-Zip: AVENTURA FL 33180

Title T  
Name WINTER, LAUREN  
Address 18851 NE 29 AVENUE, SUITE 1010  
City-State-Zip: AVENTURA FL 33180

*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:** ANNE SHARI CAMNER

**DIRECTOR**

**05/01/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date