

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000003791

**FILED**  
**Jan 06, 2014**  
**Secretary of State**  
**CC4506780674**

**Entity Name:** ISIRC HOLDINGS LTD, CORP

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD, SUITE 1050  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2121 PONCE DE LEON BLVD, SUITE 1050  
CORAL GABLES, FL 33134

**FEI Number:** 98-0634197

**Certificate of Status Desired:** No

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

CONSULTING SERVICES OF SOUTH FLORIDA INC.  
2121 PONCE DE LEON BLVD, SUITE 1050  
CORAL GABLES, FL 33134 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 CPS  
Name CARTONE CETRONI, ILIO  
Address 701 BRICKELL KEY BLVD.  
1202  
City-State-Zip: MIAMI FL 33131

Title DVP  
Name RASICCI DE CARTONE, SONIA  
Address 701 BRICKELL KEY BLVD.  
1202  
City-State-Zip: MIAMI FL 33131

Title DTP  
Name CARTONE RASICCI, ILIANA  
Address 701 BRICKELL KEY BLVD.  
1202  
City-State-Zip: MIAMI FL 33131

*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:** CARTONE CETRONI, ILIO

**CPS**

**01/06/2014**

Electronic Signature of Signing Officer/Director Detail

Date