


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-10-2006 90296 003 ***150.00

DOCUMENT # 443409 1. Entity Name CERCAS ISLA/ISLAND FENCE, INC.					
Principal Place of Business 711 E. OKEECHOBEE RD. HIALEAH, FL 33010 US			Mailing Address 711 E. OKEECHOBEE RD. HIALEAH, FL 33010 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2209925	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PASCAL, EVELINA L 711 E OKEECHOBEE RD HIALEAH, FL 33010			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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: <u><i>Evelyn L Pascal</i></u> DATE: <u>4/3/06</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASCAL, EVELYN L			NAME	
STREET ADDRESS	711 E OKEECHOBEE RD			STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33010			CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, EVELINA			NAME	
STREET ADDRESS	711 E OKEECHOBEE RD			STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33010			CITY-ST-ZIP	
TITLE	ST	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, NESTOR G			NAME	
STREET ADDRESS	711 E OKEECHOBEE RD			STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33010			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				NAME	PLACIDO LOPEZ
STREET ADDRESS				STREET ADDRESS	711 E OKEECHOBEE RD.
CITY-ST-ZIP				CITY-ST-ZIP	HIALEAH, FL 33010
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: <u><i>Evelyn L Pascal</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4/3/06</u>		Daytime Phone: <u>305-888-9090</u>

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