


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # 443418 1. Entry Name ISLA HARDWARE, INC.	
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Principal Place of Business 711 E. OKEECHOBEE RD. HIALEAH, FL 33010 US	Mailing Address 711 E. OKEECHOBEE RD. HIALEAH, FL 33010 US
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2. Principal Place of Business Suite, Apt #, etc. City & State Zip Country	3. Mailing Address Suite, Apt #, etc. City & State Zip Country
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01132005 Chg-P CR2E034 (10/03)

4. FEI Number 59-1583326	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent LOPEZ, PLACIDO F. 711 E OKEECHOBEE RD HIALEAH, FL 33021	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	ST <input type="checkbox"/> Delete
NAME	PASCAL, EVELYN L
STREET ADDRESS	711 E. OKEECHOBEE RD
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	VP <input type="checkbox"/> Delete
NAME	LOPEZ, NESTOR G
STREET ADDRESS	711 E. OKEECHOBEE RD
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	VP <input type="checkbox"/> Delete
NAME	LOPEZ, PLACIDO
STREET ADDRESS	711 E. OKEECHOBEE RD
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	VP <input type="checkbox"/> Delete
NAME	LOPEZ, EVELINA
STREET ADDRESS	711 E. OKEECHOBEE RD
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	000000250770
CITY-ST-ZIP	03/04/05-80024-014 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Evelyn L Pascal 1/25/05 305.888.9090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #