


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 552922
 1. Entity Name
 ISMAORLU, INC.



Principal Place of Business Mailing Address
 3251-53 NW NORTH RIVER DRIVE 3251-53 NW NORTH RIVER DRIVE
 MIAMI, FL 33142 MIAMI, FL 33142

DO NOT WRITE IN THIS SPACE



03062005 No Chg-P CR2E034 (10/03)

4. FEL Number Applied For
 59-1780340 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIESGO, LELIA
 285 E OKEECHOBEE ROAD
 HIALEAH, FL 33010

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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 NAME STREET ADDRESS CITY-ST-ZIP	PD RIESGO, LEILA 285 E OKEECHOBEE ROAD HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD RIESGO, ORLANDO 920 SE 8TH STREET HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIESGO, ISABEL 920 SE 8TH STREET HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIESGO, CARLOS LUIS 285 E OKEECHOBEE ROAD HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000259214
 03/11/05-80016-009 150.00

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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: _____ Date: 3/6/05 Daytime Phone #: (305) 688-8180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR