


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 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**



02032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1780340 Applied For
 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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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

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1000000819994
 02/18/08-30011-001 150.00

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: *Leilia Riesgo* 2/15/08 (305) 638-8180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #