

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 552922

Entity Name: ISMAORLU, INC.

FILED
Mar 08, 2009
Secretary of State

Current Principal Place of Business:

3251-53 NW NORTH RIVER DRIVE
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

3251-53 NW NORTH RIVER DRIVE
MIAMI, FL 33142

New Mailing Address:

FEI Number: 59-1780340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIESGO, LELIA
285 E OKEECHOBEE ROAD
HIALEAH, FL 33010 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RIESGO, LEILA
Address: 285 E OKEECHOBEE ROAD
City-St-Zip: HIALEAH, FL 33010

Title: VSD () Delete
Name: RIESGO, ORLANDO
Address: 920 SE 8TH STREET
City-St-Zip: HIALEAH, FL 33010

Title: D () Delete
Name: RIESGO, ISABEL
Address: 920 SE 8TH STREET
City-St-Zip: HIALEAH, FL 33010

Title: D () Delete
Name: RIESGO, CARLOS LUIS
Address: 285 E OKEECHOBEE ROAD
City-St-Zip: HIALEAH, FL 33010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LEILA RIESGO

PD

03/08/2009

Electronic Signature of Signing Officer or Director

_____ Date