

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 28, 2003 8:00 am
Secretary of State

0692191 FP

04-28-2003 90202 010 ***150.00

DOCUMENT # 552922

1. Entity Name
ISMAORLU, INC.



Principal Place of Business
**3251-53 NW NORTH RIVER DRIVE
MIAMI FL 33142**

Mailing Address
**3251-53 NW NORTH RIVER DRIVE
MIAMI FL 33142**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**RIESGO, LELIA
285 E OKEECHOBEE ROAD
HIALEAH FL 33010**

4. FEI Number **59-1780340**
Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 *Leila Riesgo* DATE **4-24-03**

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RIESGO, LEILA	
STREET ADDRESS	285 E OKEECHOBEE ROAD	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	RIESGO, ORLANDO	
STREET ADDRESS	920 SE 8TH STREET	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIESGO, ISABEL	
STREET ADDRESS	920 SE 8TH STREET	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIESGO, CARLOS LUIS	
STREET ADDRESS	285 E OKEECHOBEE ROAD	
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		
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		
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)(j), 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CP2E034 (10/02)