

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13665

FILED
Jul 21, 2005
Secretary of State

Entity Name: INTERSTATE I.S.C. U.S.A., INC.

Current Principal Place of Business:

THE CARRIAGE HOUSE
5401 COLLINS AVE, PH 3
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

Current Mailing Address:

5401 COLLINS AVE
PH 3
MIAMI BEACH, FL 33140 US

New Mailing Address:

FEI Number: 59-2054413 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAPRA, SHAUKAT S
PH 3, 5401 COLLINS AVE
MIAMI BEACH, FL 33140 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: AZIZA, KASAM
Address: PH 3, 5401 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: VS () Delete
Name: CHAPRA, AHMED
Address: 15555 OLD CUTLER RD.
City-St-Zip: MIAMI, FL

Title: PD () Delete
Name: CHAPRA, SHAUKAT S
Address: 5151 COLLINS AVE, #324
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VS (X) Change () Addition
Name: CHAPRA, AHMED
Address: 15555 OLD CUTLER RD.
City-St-Zip: MIAMI, FL 33157

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHAUKAT S CHAPRA

PD

07/21/2005

Electronic Signature of Signing Officer or Director

_____ Date