

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J38840

Entity Name: ILISA DREW CORP.

FILED  
Jan 09, 2012  
Secretary of State

## Current Principal Place of Business:

% GARY P. COHEN  
46 S.W. 1ST STREET, SUITE #400  
MIAMI, FL 33130

## New Principal Place of Business:

## Current Mailing Address:

% GARY P. COHEN  
46 S.W. 1ST STREET, SUITE #400  
MIAMI, FL 33130

## New Mailing Address:

FEI Number: 06-5385926

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COHEN, GARY,  
46 S.W. 1ST STREET  
SUITE #400  
MIAMI, FL 33130 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

## OFFICERS AND DIRECTORS:

Title: DP  
Name: ELSON, NORMAN  
Address: 6766 S.W. 89 TERR.  
City-St-Zip: PINECREST,, FL 33156

Title: D  
Name: TEAGUE, ILISA  
Address: 6766 S.W. 89 TERR.  
City-St-Zip: PINECREST, FL 33156

Title: D  
Name: ELSON, ANDREW  
Address: 6766 S.W. 89 TERR  
City-St-Zip: PINECREST, FL 33156

I hereby 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 all other like empowered.

SIGNATURE: NORMAN ELSON

DP

01/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date