ANNUAL REPORT (AR)

if changed, or on an attachment

DOCUMENT # K26166 FILED Apr 12, 2006 08:00 AM Secretary of State 1. Entity Name ISA CONSULTANTS & DEVELOPERS, INC. Principal Place of Business Mailing Address 311 E 16TH ST 311 E 16TH ST HIALEAH FL 33010 HIALEAH FL 33010 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-2895752 Not Applical. Country Zip Z_{1D} Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEISS, ARMANDO Street Address (P.O. Box Number is Not Acceptable) 311 E 16 ST HIALEAH FL 33010 Zia Cade 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Regislated Agent argnature required when coinstaling) DATE FILE NOW!!! FEE IS \$150.00 8. Election Campaign Financing \$5.00 May : After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND QIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete ☐ Change ☐ A···. 727LE PSD DILE NAME WEISS, ARMANDO NAME UOODODSABOSE STREET ADDRESS STREET AGORESS 311 EAST 16TH STREET 04/26/06-80019-002 150.**0**0 CITY-ST-ZIP HIALEAH FL CITY-ST-ZiP ☐ Change TIFLE ☐ Delete TABLE □ Aúr WEISS, SHARON A NAME STREET ADDRESS 31 1E 16 ST. STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33010 CITY-ST-ZIP ☐ Change Title ☐ Delete MLE STREET ADDRESS STREET ADDRESS CITY - ST- 7P CITY-ST-ZIP TITLE Delete nnFChange NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-SI-269 ☐ Delete TITLE Change □ A: NAME NAME STREET ADDRESS STREET ADDRESS City-St-78 0379-S)-78P ☐ Change ☐ Delete □ ∧... SHIF TSTEF NAME NAME STREET ADDRESS STREET ADDRESS Cary-ST-ZIP I hereby certify that the information sub-indicated on this report or supplemental of the corporation or the receiver or trail policed with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the informatic inference and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or directive empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block

all other like empowered.

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