

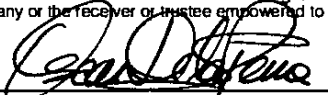


# 2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 JUL 12 AM 9:55

<b>DOCUMENT # L01000015561</b>					
<b>1. Entity Name</b> INTEGRATED SERVICES AND ADMINISTRATION LLC					
<b>Principal Place of Business</b> 5365 GARDEN HILL CIRCLE WEST PALM BEACH, FL 33415			<b>Mailing Address</b> 524 PARKWAY COURT WEST PALM BEACH, FL 33413		
<b>2. Principal Place of Business</b> 4986 Bonsai Circle Suite, Apt. #, etc. 100		<b>3. Mailing Address</b> 4986 Bonsai Circle Suite, Apt. #, etc. 100			
<b>City &amp; State</b> Palm Beach Gardens, FL		<b>City &amp; State</b> Palm Beach Gardens, FL		<b>4. FEI Number</b> 65-1149865	
<b>Zip</b> 33418		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SANCHEZ, GLORIA 524 PARKWAY CT. WEST PALM BEACH, FL 33413				<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reappointing)					
<b>Amended AR is \$50.00</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> DE LA PENA, OSCAR 524 PARKWAY COURT WEST PALM BEACH, FL 33413	2005 7766462 Change <input type="checkbox"/> Addition <input type="checkbox"/> 07/21/05--01077--012 **\$5.00			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> SANCHEZ, GLORIA 524 PARKWAY COURT WEST PALM BEACH, FL 33413	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> DE LA PENA, MARIBEL 524 PARKWAY COURT WEST PALM BEACH, FL 33413	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> DE LA PENA, GINA 524 PARKWAY COURT WEST PALM BEACH, FL 33413	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGR</b> RUSSI, GIOVANNI 524 PARKWAY COURT WEST PALM BEACH, FL 33413	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
<b>SIGNATURE:</b>  <b>OSCAR DE LA PENA</b> <b>07-06-05 (561) 827-9090</b>					