


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90225 018 ****50.00

DOCUMENT # L02000029365

1. Entity Name
 ISOTECH INTERNATIONAL, LLC



Principal Place of Business
 2419 SW 29 STREET
 #101
 MIAMI, FL 33133

Mailing Address
 2419 SW 29 STREET
 #101
 MIAMI, FL 33133

2. Principal Place of Business
 3307 W Oak Street

3. Mailing Address
 3307 W Oak Street

Suite, Apt. #, etc.
 City & State
 Kissimmee, FL


Suite, Apt. #, etc.
 City & State
 Kissimmee

Zip
 34741

Country

Zip
 34741

Country



02262004 Chg-LLC CR2E083 (10/03)

4. FEI Number
 47-0896168

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LIZANO, FRANCISCO
 2419 SW 27 ST #101
 MIAMI, FL 33133


7. Name and Address of New Registered Agent

Name
 Lizano, Francisco

Street Address (P.O. Box Number is Not Acceptable)
 3307 W Oak Street

City
 Kissimmee FL Zip Code
 34741

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  DATE
 2/25/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
 Due by May 1, 2004

Make check payable to
 Florida Department of State


9. MANAGING MEMBERS/MANAGERS

TITLE MGR	NAME LIZANO, FRANCISCO	<input type="checkbox"/> Delete
STREET ADDRESS 2419 SW 27ST #101	CITY-ST-ZIP MIAMI, FL 33133	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE Manager	NAME Lizano, Francisco	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3307 W Oak Street	CITY-ST-ZIP Kissimmee, FL 34741	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	

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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____