

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
May 10, 2004 8:00 am
Secretary of State

04-26-2004 90058 047 ****50.00

DOCUMENT # L03000009010

1. Entity Name
ISALEX, LLC



Principal Place of Business
**1000 BRICKELL AVENUE, SUITE 710
MIAMI FL 33131**

Mailing Address
**1000 BRICKELL AVENUE, SUITE 710
MIAMI FL 33131**

34005718



MOORE CR2E083 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **43-2004451**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAMOS, JORGE H
150 ALHAMBRA CIRCLE, SUITE 1150
CORAL GABLES FL 33134**

Name

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

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Vincent Mazzei
318 Indian Terrace #613
Weston FL 33326**

☐ Delete

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V.P. Steven Perricone
15 SE 10th St.
Miami, FL 33131**

☐ Delete

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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☐ Change ☐ Addition

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.

SIGNATURE:

Steven Perricone

4/19/04

374-9449

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

Date

Daytime Phone #