## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 17, 2006-08:00 AM Secretary of State DOCUMENT # L44093 1. Entity Name ISA JOYERIA, INC. Principal Place of Business Mailing Address 285 NW 27TH AVE 285 NW 27TH AVE MIAMI, FL 33125 MIAMI, FL 33125 01102006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0198733 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GONZALEZ, GERARDO DO NOT WRITE 285 NW 27TH AVE MIAMI, FL 33125-5199 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstalling) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PD NAME GONZALEZ, GERARDO STREET ADDRESS 285 NW 27TH AVE CITY-ST-ZIP MIAMI, FL 331255199 TITLE NAME 3100000387827 STREET ADDRESS 01/19/06-80052-023 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS

GENERAL CONTROL 1-10-05

WHE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OBJECT

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FILED