2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Aug 18, 2006
Secretary of State

DOCUMENT# L99000005126

Entity Name: ISCO TRAVEL SERVICES-U.S.A., L.L.C.

Current Principal Place of Business:

3363 W. COMMERCIAL BLVD., STE 202B
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

3363 W. COMMERCIAL BLVD.
SUITE 202B
FORT LAUDERDALE, FL 33309

Current Mailing Address:

3363 W. COMMERCIAL BLVD., STE 202B
FORT LAUDERDALE, FL 33309

New Mailing Address:

3363 W. COMMERCIAL BLVD.
SUITE 202B
FORT LAUDERDALE, FL 33309

FEI Number: 65-0940711 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TRAPANI, CHRISTOPHER M ESQ
C/O KATZ BARRON ET AL, 100 NE THIRD AVE
SUITE 280
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

MEDINA, LUIS A CPA
3363 W. COMMERCIAL BLVD.
SUITE 202B
FORT LAUDERDALE, FL 33309 US

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.

SIGNATURE: LUIS A. MEDINA 08/18/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: WRIGHT, DAVID FRAME
Address: 3363 W COMMERCIAL BLVD, STE 202B
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MEDINA, LUIS A CPA.
Address: 3363 W COMMERCIAL BLVD, STE 202B
City-St-Zip: FORT LAUDERDALE, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LUIS A. MEDINA MGR. 08/18/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date