

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005349

FILED  
Apr 30, 2005  
Secretary of State

Entity Name: ISHI, INC.

**Current Principal Place of Business:**

4303 NORTHWEST 202ND STREET  
MIAMI, FL 33055

**New Principal Place of Business:**

**Current Mailing Address:**

4303 NORTHWEST 202ND STREET  
MIAMI, FL 33055

**New Mailing Address:**

FEI Number: 20-1293470

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LONG, HAROLD JR  
99 NORTHWEST 193RD STREET  
SUITE 127  
NORTH MIAMI BEACH, FL 33169 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HUZZIE, DONALD  
Address: 4303 NORTHWEST 202ND STREET  
City-St-Zip: MIAMI, FL 33055

Title: SD ( ) Delete  
Name: HUZZIE, ELAINE  
Address: 4303 NORTHWEST 202ND STREET  
City-St-Zip: MIAMI, FL 33055

Title: TD ( ) Delete  
Name: HERRIOTT, ANN T  
Address: 17530 N.W. 18TH AVENUE  
City-St-Zip: MIAMI, FL 33056

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD L. HUZZIE

PD

04/30/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date