

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001764

FILED
Apr 28, 2006
Secretary of State

Entity Name: ISIS GARDENS INC.

Current Principal Place of Business:

3501 NW 172ND TERRACE
MIAMI, FL 33056

New Principal Place of Business:

9427 SW 151ST AVENUE
MIAMI, FL 33196

Current Mailing Address:

3501 NW 172ND TERRACE
MIAMI, FL 33056

New Mailing Address:

9427 SW 151ST AVENUE
MIAMI, FL 33196

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHELDON, AMANDA J
9427 SW 151ST AVE
MIAMI, FL 33196 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: DPT () Delete
Name: SHELDON, AMANDA J
Address: 9427 SW 151ST AVE
City-St-Zip: MIAMI, FL 33196

Title: DST () Delete
Name: SUAREZ, ADRIAN
Address: 9427 SW 151ST AVE
City-St-Zip: MIAMI, FL 33196

Title: D () Delete
Name: SUAREZN, BEATRICE
Address: 833 ALBERCA STREET
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: SUAREZ, BEATRICE
Address: 833 ALBERCA STREET
City-St-Zip: CORAL GABLES, FL 33134

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 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: AMANDA SHELDON

DPT

04/28/2006

Electronic Signature of Signing Officer or Director

Date