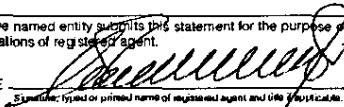
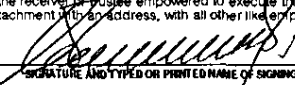


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91456 011 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000004721		
1. Entity Name ISED, INC.		
Principal Place of Business 1333 WEST 49TH PLACE APT 511 HIALEAH, FL 33012		Mailing Address 1333 WEST 49TH PLACE APT 511 HIALEAH, FL 33012
2. Principal Place of Business 8192 NW 103RD ST Suite, Apt. #, etc.		3. Mailing Address 8192 NW 103RD ST Suite, Apt. #, etc.
City & State HIALEAH GARDENS FL		City & State HIALEAH GARDENS FL
Zip 33016		Country
4. FEI Number 65-0991816		Applied For Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent VALDES, EDELFIDIO N 1333 WEST 49TH PLACE APT 511 HIALEAH, FL 33012		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7000 NW 173RD DRIVE #1806 City MIAMI FL Zip Code 33015
a. 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 		DATE 4-30-03
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
D, P VALDES, EDELFIDIO N 1333 WEST 49TH PLACE #511 HIALEAH, FL 33012		
D, T, S FERNANDEZ, ISABEL 1333 WEST 49TH PLACE #511 HIALEAH, FL 33012		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 of the same 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 my address, with all other like empowered.		
SIGNATURE: 		DATE 4-30-03

CR2E034 (1/02)