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.

90128040

Principal Place of Business	Mailing Address
1333 WEST 49TH PLACE APT 511 HIALEAH, FL 33012	1333 WEST 49TH PLACE APT 511 HIALEAH, FL 33012

2. Principal Place of Business	3. Mailing Address
8192 NW 103RD ST	8192 NW 103RD ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HIALEAH GARDENS FL	City & State: HIALEAH-GARDENS FL
Zip: 33016 Country:	Zip: 33016 Country:

☐ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
VALDES, EDELFIDIO N 1333 WEST 49TH PLACE APT 511 HIALEAH, FL 33012	Name: Street Address (P.O. Box Number is Not Acceptable): 7000 NW 173RD DRIVE #1806 City: MIAMI FL Zip Code: 33015

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: [signature] 4-30-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	D, P VALDES, EDELFIDIO N 1333 WEST 49TH PLACE #511 HIALEAH, FL 33012	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, T, S FERNANDEZ, ISABEL 1333 WEST 49TH PLACE #511 HIALEAH, FL 33012	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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: [signature] 4-30-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #