2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90004 043 ***150.00

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02252004 Chg-P CR2E034 (10/03)

DOCUMENT # P00000031099

1. Entity Name
ISCO BUSINESS CENTER, INC.

Principal Place of Business	Mailing Address
87 NW 15TH PLACE POMPANO BEACH, FL 33060	P O BOX 11272 POMPANO BEACH, FL 33061

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1013125 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHARLES, ANDRE
87 NW 15TH PLACE
POMPANO BEACH, FL 33060

7. Name and Address of New Registered Agent

Name: PATRICK BERNAVIL
Street Address (P.O. Box Number is Not Acceptable): 14535-C MILITARY TR
City: DELRAY BEACH FL Zip Code: 33484

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] 03/23/04
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	CHARLES, ANDRE	87 NW 15TH PLACE	POMPANO BEACH, FL 33060	☒
S	RICARDO, PAUL	87 N W 15 PLACE	POMPANO BEACH, FL 33060	☐
VP	SAINTILL, CALVIN	4220 N.E. 4TH TERR.	POMPANO BEACH, FL 33064	☐
				☐
				☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	PATRICK BERNAVIL	500 SW 2nd AVE, #210	BOCA RATON FL 33432	☐	☒
MEMBER				☒	☐
				☐	☐
SECRETARY	Jennifer Racine-Bernavil	4964 Lincoln Rd	DELRAY BEACH, FL 33445	☐	☒
				☐	☐
				☐	☐

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] 03/23/04 (561)305-6443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #