

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000031209

Entity Name: IZALCO CORP.

FILED
Feb 05, 2009
Secretary of State

Current Principal Place of Business:

3710 N ANDREWS AVENUE
OAKLAND PK, FL 33309

New Principal Place of Business:

Current Mailing Address:

% SOUTH BROWARD ACCTNG SVCS
5599 S UNIVERSITY DRIVE ~ STE 306
DAVIE, FL 33328

New Mailing Address:

FEI Number: 65-1001882 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALLEJAS, ULISES
230 SW 71ST AVENUE
PEMBROKE PINES, FL 33023 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CALLEJAS, ULISES
Address: 230 SW 71ST AVENUE
City-St-Zip: PEMBROKE PINES, FL 33023

Title: VP () Delete
Name: VELASCO, FERNANDO
Address: 230 SW 71ST AVENUE
City-St-Zip: PEMBROKE PINES, FL 33023

Title: VP () Delete
Name: CALLEJAS, ALICIA
Address: 3710 N ANDREWS AVE
City-St-Zip: OAKLAND PARK, FL 33309

Title: VP () Delete
Name: ALFARO, ROSARIO
Address: 3710 N ANDREWS AVE
City-St-Zip: OAKLAND PARK, FL 33309

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:

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

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ULISES CALLEJAS

P

02/05/2009

Electronic Signature of Signing Officer or Director

_____ Date