2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P0100000741

1. Entity Name ISYAQUE, INC.



FILED Apr 02, 2003 8:00 am Secretary of State

04-02-2003 90048 037 ***150.00

Suite, Apt. #, etc. City & State Country Country Country Size Additional recommend of Status Desired Country Name CUETO, ISIS 18861 NW 77 CT. MIAMI FL 33015 City FL Zip Code Size Address of New Registered Agent Name Size Address (P.O. Box Number is Not Acceptable) City FL Zip Code Significant Address of Size Registered Agent City FL Zip Code Significant Address of New Registered Agent Name Size Address (P.O. Box Number is Not Acceptable) FLE Now!!! FE IS \$150.00 After May 1, 2003 Fee will high \$550.00 Make Check Payable to Florida Department of State OFFICE Now!!! FE IS \$550.00 Size Address (P.O. Box Number is Not Acceptable) Size Address (P.O. Box Number is Not Acceptable) DATE FILE Now!!! FE IS \$150.00 Address Agent agent are the Fagnizons. (#CITE Registered Agent, or both, in the State of Florica. I am familier with, and accept the original recommendation of registered agent, or both, in the State of Florica. I am familier with, and accept the original recommendation of registered agent, or both, in the State of Florica. I am familier with, and accept the original recommendation of registered agent, or both, in the State of Florica. I am familier with, and accept the original recommendation of registered agent, or both, in the State of Florica. I am familier with, and accept the original recommendation of registered agent, or both, in the State of Florica. I am familier with, and accept the original recommendation of registered agent, or both, in the State of Florica. I am familier with, and accept the original recommendation of registered agent, or both, in the State of Florica. I am familier with, and accept the original recommendation of registered agent, or both, in the State of Florica. I am familier with, and accept the orig	Principal Plac 18672 NORTH MIAMI FL 330	WEST 67TH A		Mailing Address 18672 NORTHWEST 67TH AVENUE MIAMI FL 33015				Å,					
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2. 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:

ZICHATUGE PEQUIRED

3/30/03

305-624-198

Daytime Phone #

CR2E034 (10/0