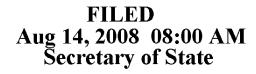
## 2008 FOR PROFIT CORPORATION

## **ANNUAL REPORT** DOCUMENT # P01000071700 1. Entity Name ISOXAN CORP. Principal Place of Business Mailing Address 8360 W. FLAGLER STREET 8360 W. FLAGLER STREET SUITE 200 SUITE 200 MIAMI, FL 33144 MIAMI, FL 33144





## DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

No Chg-P CR2E034 (11/05) 08112008

Applied For 4. FEI Number 01-0589320 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

ARISI, MARTA B 8360 W. FLAGLER STREET SUITE 200 MIAMI, FL 33144

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required w					DATE
112211011111111210 \$100100		Election Campaign Finar     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND DIRE	CTORS			,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARISI, MARTA B 8360 W. FLAGLER STREET SUITE 2 MIAMI, FL 33144	200	U00000957676		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					08/14/08-80001-018 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS C:TY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				·	
1ITLE NAME <sup>1</sup> STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.					