2005 FOR PROFIT GORPORATION ANNUAL REPORT

Feb 04, 2005 08:00 AM **Secretary of State** DOCUMENT # P01000111314 1. Entity Name ISIS AND ANGIE CORP. Principal Place of Business Mailing Address 102770 OVERSEAS HIGHWAY 5727 N.W. 7TH ST. KEY LARGO, FL 33037 SUITE 264 MIAMI, FL 33126 01272005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 80-0020498 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MELENDEZ, YOENYS DO NOT WRITE 102770 OVERSEAS HIGHWAY KEY LARGO, FL 33037 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, cyced or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ITLE PSTD MELENDEZ, YOENYS NAME 102770 OVERSEAS HIGHWAY STREET ADDRESS UUUUUU214546 02/04/05-80033-013 150.00 CITY-ST-ZIP KEY LARGO, FL 33037 TITLE NAME STREET ADDRESS CITY-ST-ZIP 717LE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADORESS

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 in changed, or on an attachment with an address, with all other like epropaged.

SIGNATURE: *

CITY -ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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