

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91035 049 ***150.00

DOCUMENT # P01000113953

1. Entity Name
ISABELLA ESTATES, INC.



Principal Place of Business Mailing Address
~~G/O HUGO E. DORTA~~ ~~801 BRICKELL AVENUE SUITE 905~~ ~~MIAMI FL 33131~~
G/O HUGO E. DORTA
801 BRICKELL AVENUE SUITE 905 -
MIAMI FL 33131 -

2. Principal Place of Business
1221 Brickell Avenue

3. Mailing Address
same as #2

Suite, Apt. #, etc.
2650

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State

Zip Country
33131 USA

Zip Country

4. FEI Number **65-1159073**

Applied For
 Not Applicable

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~HUGO E. DORTA, P.A.~~
~~ATTORNEYS & COUNSELORS AT LAW~~
~~801 BRICKELL AVENUE SUITE 905 -~~
~~MIAMI FL 33131~~

Name **Hugo E. Dorta**
 Street Address (P.O. Box Number is Not Acceptable)
1221 Brickell Avenue
Suite 2650
 City **Miami** **FL** Zip Code **33131**

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 _____ DATE **4/27/04**
Signature, typed or printed name of registered agent, and title if applicable. NOTE: Registered Agent signature required when reinstating.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
 NAME **DORTA, HUGO E**
 STREET ADDRESS **801 BRICKELL AVE SUITE 905**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **Director** Change Addition
 NAME **Hugo E. Dorta**
 STREET ADDRESS **1221 Brickell Avenue, Suite 2650**
 CITY-ST-ZIP **Miami, FL 33131**

TITLE **DP** Delete
 NAME **DORTA, HUGO E**
 STREET ADDRESS **801 BRICKELL AVE., STE 905**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
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TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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: _____ DATE **4/27/04** (305) 377-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #