
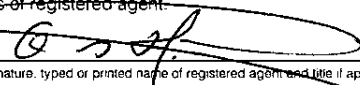
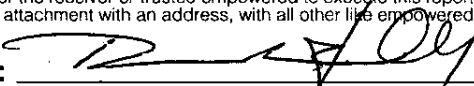


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-03-2004 90461 045 ***150.00

DOCUMENT # P02000018989 1. Entity Name INFORMATION SOCIETY CORPORATION, INC.					
Principal Place of Business 3038 MICHIGAN AVE. KISSIMMEE FL 34744			Mailing Address 3038 MICHIGAN AVE. KISSIMMEE FL 34744 1600 E. ROBINSON STREET, STE 300-D ORLANDO, FL. 32803		
2. Principal Place of Business 1600 E. ROBINSON ST. STE 300-D		3. Mailing Address Suite, Apt. #, etc. 300-D			
City & State ORLANDO, FL.		City & State ORLANDO, FL.		4. FEI Number 27-0009768	
Zip 32803		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DANZER, JACQUELINE E OSWALDO HURTADO STE 300-D 3038 MICHIGAN AVE 1600 E. ROBINSON ST. MICHIGAN FL 34744 ORLANDO, FL. 32803			7. Name and Address of New Registered Agent Name OSWALDO HURTADO Street Address (P.O. Box Number is Not Acceptable) 1600 E. ROBINSON ST STE-300-B ORLANDO, FL 32803 City FL Zip Code		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 04-27-04 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HURTADO, OSWALDO 3038 MICHIGAN AVE. KISSIMMEE FL 34744	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NIEVES, RAIZA 3038 MICHIGAN AVE. KISSIMMEE FL 34744	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 04-27-2004 (407)888-0094	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	