FILED
Mar 14, 2008 8:00 am
Secretary of State
02-19-2008 90029 036 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

2/1

DOCUMENT # P02000046718

1. Entity Name

ISA COMMERCIAL REAL ESTATE, INC.

66003817

Principal Place of Business	Mailing Address
201 NW 107 AVE PLANTATION FL 33324	201 NW 107 AVE PLANTATION FL 33324
2. Principal Place of Business - No P.O. Box # SAME	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/07)

4. FEI Number 81-0549034 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BENSIMON, YITZCHAK 5531 N. UNIVERSITY DR. SUITE 103 CORAL SPRINGS FL 33067	Name Street Address (P.O. Box Number is Not Acceptable) 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 ________ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P BENSLMON, YITZCHAK 201 NW 107 AVEW PLANTATION FL 33324	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Bensimon yitzchak 201 nw 107 Ave plantation FL 33324	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BENSIMON, AVRAHAM 530 NW 107TH AVE. PLANTATION FL 33324	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Bensimon ABRAHAM 530 nw 107 Ave plantation FL 33324	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: yitzchak Bensimon P 3/8/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #