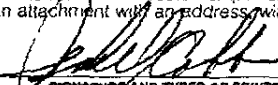


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000054013 1. Entity Name ISABEL COBB, INC.					
Principal Place of Business 90 EDGEWATER DRIVE, NO 419 CORAL GABLES FL 33133-6916			Mailing Address 90 EDGEWATER DRIVE, NO 419 CORAL GABLES FL 33133-6916		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 74-3050295	
5. Name and Address of Current Registered Agent COBB, ISABEL 90 EDGEWATER DRIVE, NO 419 CORAL GABLES FL 33133-6916		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May 1 Trust Fund Contribution. ☐ Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD COBB, ISABEL 90 EDGEWATER DRIVE #419 MIAMI FL 33133-6916		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000499761 04/24/06-80045-001 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 1 (9), 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: 

4-5-06