

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000054013

Entity Name: ISABEL COBB, INC.

**FILED**  
**Mar 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

90 EDGEWATER DRIVE, NO 419  
CORAL GABLES, FL 331336916

**New Principal Place of Business:**

90 EDGEWATER DRIVE, NO 419  
CORAL GABLES, FL 33133

**Current Mailing Address:**

90 EDGEWATER DRIVE, NO 419  
CORAL GABLES, FL 331336916

**New Mailing Address:**

FEI Number: 74-3050295

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COBB, ISABEL  
90 EDGEWATER DRIVE, NO 419  
CORAL GABLES, FL 331336916 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: COBB, ISABEL  
Address: 90 EDGEWATER DRIVE #419  
City-St-Zip: MIAMI, FL 33133

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: COBB, ISABEL

PSD

03/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date