

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000058255

1. Entity Name
I SALES GROUP, INC.



Principal Place of Business

**4474 WESTON RD.
#147
DAVE, FL 33331**

Mailing Address

**4474 WESTON RD.
#147
DAVE, FL 33331**



01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1415479

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DIOGUARDI, MARCO
3805 W. GARDENIA AV.
WESTON, FL 33332**

**DO NOT WRITE
IN THIS SPACE**

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 renaming)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	DIOGUARDI, MARCO A
STREET ADDRESS	3805 W.GARDENIA AV.
CITY-ST-ZIP	WESTON, FL 33332
TITLE	VP
NAME	DIOGUARDI, MARCO A
STREET ADDRESS	3805 W.GARDENIA AV.
CITY-ST-ZIP	WESTON, FL 33332
TITLE	S
NAME	DIOGUARDI, MARCO A
STREET ADDRESS	3805 W.GARDENIA AV.
CITY-ST-ZIP	WESTON, FL 33332
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/15/08-80037-011 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 and all other like empowered.

SIGNATURE:

MARCO DIOGUARDI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/08
Date

305-333-3420
Daytime Phone #