FILED Jun 13, 2003 8:00 am Secretary of State

04-30-2003 90073 049 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

P02000058315 DOCUMENT # 1. Entity Name THE ISLA GROUP, INC. CFUOFUCE Principal Place of Business Mailing Address
49460 PNE STREET SW 12400 PINE STREET SW LARCO FL 22774 LARGO-FL-83774-BB40-9th STREET NO 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 04-3700433 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOHAMMUND D. ADNING RAHM 10400 PINE STREET SW- BB 40-94 STREET NO. Street Address (P.O. Box Number is Not Acceptable) LARGO FL 33774 -ST. PETERSQUARE FL 8. The above named epitry 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 projected agent FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Ba After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PCEO TITLE TITLE ☐ Delete ☐ Addition RAHMAN, MOHAMMAD D.A. NAME NAME 13400 PINE STREET SW STREET ADDRESS STREET ADDRESS **LARGO FL 33774** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition RAHMAN, MOHAMMAD A.H. NAME NEME 13400 PINE STREET SW STREET ADDRESS STREET ADDRESS LARGO FL 33774 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change . Addition KOTAICHE, NICK S NAME 19400 PINE STREET SW STREET ADORESS STREET ADORESS LARGO FL 33774 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete MLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-ZIP TITL F Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eath; that I am an officer or director of the corporation or the receiver or fursive 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.