


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90445 047 ***150.00

DOCUMENT # P02000063520
 1. Entity Name
INSYHCA CORPORATION



Principal Place of Business Mailing Address
6073 NW 167TH ST STE C20 **6073 NW 167TH ST STE C20**
MIAMI, FL 33015 **MIAMI, FL 33015**

50014928



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **782 NW Le Jeune Road**

04152006 Chg-P CR2E034 (11/05)

City & State City & State
 Suite, Apt. #, etc. **Suite 629**

4. FEI Number Applied For
01-0721058 Not Applicable

City & State
Miami, Fl.

Zip Country Zip Country
33126-5547 **Miami-Dade**

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

SANTANARTA, FERNANDO
18941 SW 33 CT
MIRAMAR, FL 33029-5839

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTAMARTA, FERNANDO	NAME	
STREET ADDRESS	18941 SW 33 COURT	STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR, FL 330295839	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, CELINDA	NAME	
STREET ADDRESS	18941 SW 33 COURT	STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR, FL 330295839	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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, with all other like empowered.

SIGNATURE: Celinda Harris Date: 4/15/06 Daytime Phone #: (305) 819-9225