


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000077056**  
 1. Entity Name  
**ISTI EDUCATIONAL INCORPORATED**



Principal Place of Business C/O RICARDO J. SOUTO, ESQ 201 S BISCAYNE BLVD STE 1500 MIAMI, FL 33131	Mailing Address C/O RICARDO J. SOUTO, ESQ 201 S BISCAYNE BLVD STE 1500 MIAMI, FL 33131
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**DO NOT WRITE IN THIS SPACE**



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 05-0556813	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CORPORATION COMPANY OF MIAMI  
 1600 MIAMI CENTER, SUITE 1500 (RIS)  
 201 S BISCAYNE BLVD  
 MIAMI, FL 33131

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

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000475658 04/05/06-80025-006 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, JOSE V 201 S. BISCAYNE BLVD STE 1500 (RIS) MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PIEDRAS, JUAN A 201 S BISCAYNE BLVD., STE 1500 (RIS) MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MEMBRENO, BENJAMIN T 201 S. BISCAYNE BLVD., STE 1500 (RIS) MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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, with all other like empowered.

SIGNATURE:  **JOSE VELASCO PEREZ** Date: **12-01-2006** (34)60920167  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #