2007 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P02000077056

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

FILED

07 APR -5 AH 10: 22

SECINE OF STATE TALLAHASSEE, FLORIDA



03052007

No Chg-P

CR2E034 (11/05)

4. FEI Number 05-0556813 Applied For Not Applicable

5. Certificate of Status Desired

\$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

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	named entity submits this statement for the plans of registered agent.	purpose of changing its regist	tered office or re	gistered agent, or both, in the S	state of Florida. I am familiar with, and accept	
SIGNATURE_						
	Signature, typed or printed name of registered agent and title	il applicable. (NOTE, Regist	tered Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND DIRECTORS				***	
TITLE	D					
NAME	PEREZ, JOSE V			1.000		
STREET ADDRESS 201 S. BISCAYNE BLVD STE 1500 (RIS)				100096383611		

MIAMI, FL 33131 CITY-ST-ZIP TITLE PIEDRAS, JUAN A NAME 201 \$ BISCAYNE BLVD., STE 1500 (RIS) STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 ΠP TITLE MEMBRENO, BENJAMIN T NAME STREET ADDRESS 201 S. BISCAYNE BLVD., STE 1500 (RIS) CITY-ST-ZIP MIAMI, FL 33131 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

04/11/07--01005--010 **150.00

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 I hereby certify that the informal indicated on this report or sup-of the corporation or the receiver with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information at its 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 powered 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 attachmer with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR