


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90551 003 \*\*\*150.00

**DOCUMENT # P02000113801**

1. Entity Name  
**ISP RESOURCES, INC.**



Principal Place of Business      Mailing Address

~~8390 NW 53RD ST.~~      ~~8390 NW 53RD ST.~~  
~~105~~      ~~105~~  
~~MIAMI, FL 33129~~      ~~MIAMI, FL 33129~~

2. Principal Place of Business      3. Mailing Address

**8410 NW 53 TERR**      **8410 NW 53 TERR**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**106**      **106**

City & State      City & State

**MIAMI, FL**      **MIAMI, FL**

Zip      Country      Zip      Country

**33166**      **USA**      **33166**      **USA**



04192004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

**46-0510668**      Not Applicable

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

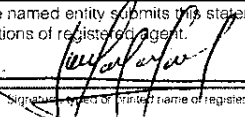
6. Name and Address of Current Registered Agent

**YEPEZ, PIO**  
~~3000 SW 3RD AVE. #501~~  
~~MIAMI, FL 33129~~

7. Name and Address of New Registered Agent

Name **YEPEZ, PIO**  
 Street Address (P.O. Box Number is Not Acceptable) **8410 NW 53 TERR. S. 106**  
 City **MIAMI**      FL      Zip Code **33166**

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       **Pio YEPEZ 4/19/04**      DATE

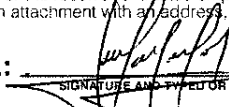
Signature of agent or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PDT</b><br><b>YEPEZ, PIO A</b><br><del>3000 SW 3RD AVE. #501</del><br><del>MIAMI, FL 33129</del> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>PDT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>8410 NW 53 TERR S. 106</b><br><b>MIAMI, FL 33166</b>                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>V-O-S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>YEPEZ, KARLA</b><br><b>8410 NW 53 TERR S. 106</b><br><b>MIAMI, FL 33166</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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 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:       **Pio YEPEZ 4/19/04 (305) 597-5115**      DATE      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR