

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91040 026 ***150.00

DOCUMENT # P03000034135 1. Entity Name ISECA GROUP CORP.					
Principal Place of Business 3881 TREE TOP DRIVE WESTON, FL 33332			Mailing Address 3881 TREE TOP DRIVE WESTON, FL 33332		
2. Principal Place of Business 10200 STATE ROAD 84 Suite, Apt. #, etc. SUITE 107 City & State DAVIE, FLORIDA Zip Country 33324 USA		3. Mailing Address 10200 STATE ROAD 84 Suite, Apt. #, etc. SUITE 107 City & State DAVIE, FLORIDA Zip Country 33324 USA			
4. FEI Number 76-0737403				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02222004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent MURILLO, JUAN 183 SUNNY ISLES BLVD. SUNNY ISLES, FL 33160			7. Name and Address of New Registered Agent Name RICARDO R. RAVENNA Street Address (P.O. Box Number is Not Acceptable) 10200 STATE ROAD 84, SUITE 107 City State Zip Code DAVIE FL 33324		
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 <small>Signature, typed or printed name of registered agent, and title, if applicable.</small>			RICARDO R. RAVENNA <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME RAVENNA-GEGUZIS, RICARDO R STREET ADDRESS 3881 TREE TOP DRIVE CITY-ST-ZIP WESTON, FL 33332	<input type="checkbox"/> Delete		TITLE PD NAME RAVENNA-GEGUZIS, RICARDO R STREET ADDRESS 10200 STATE ROAD 84, SUITE 107 CITY-ST-ZIP DAVIE, FLORIDA, 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME NAGELE, SUSANNE M STREET ADDRESS 3881 TREE TOP DRIVE CITY-ST-ZIP WESTON, FL 33332	<input type="checkbox"/> Delete		TITLE SD NAME NAGELE, SUSANNE M STREET ADDRESS 10200 STATE ROAD 84, SUITE 107 CITY-ST-ZIP DAVIE, FLORIDA, 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			RICARDO R. RAVENNA <small>Date</small>		
04/28/2004 <small>Daytime Phone #</small>			(954) 4489855		