

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000046405

FILED  
Mar 18, 2005  
Secretary of State

Entity Name: INDUSTRIAL SOLUTION DESIGN, INC.

## Current Principal Place of Business:

1861 NW 125 TERR.  
PEMBROKE PINES, FL 33028

## New Principal Place of Business:

## Current Mailing Address:

1861 NW 125 TERR.  
PEMBROKE PINES, FL 33028

## New Mailing Address:

FEI Number: 42-4588374

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAMIREZ, JORGE  
1861 NW 125 TERR.  
PEMBROKE PINES, FL 33028 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SAKKA, KHALID  
Address: 1861 NW 125 TERR.  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VD ( ) Delete  
Name: RAMIREZ, JORGE  
Address: 1861 NW 125 TERR.  
City-St-Zip: PEMBROKE PINES, FL 33028

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SAQQA, KHALID  
Address: 1861 NW 125 TERR.  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KALID SAQQA

PD

03/18/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date