

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90308 017 ***150.00

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1. Entity Name
ISOMETRIK, CORP.

Principal Place of Business

5712 LONG IRON DRIVE
SUITE #228
ORLANDO, FL 32839

Mailing Address

5712 LONG IRON DRIVE
SUITE #228
ORLANDO, FL 32839

2. Principal Place of Business

5712 LONG IRON DRIVE

3. Mailing Address

5712 LONG IRON DRIVE

Suite, Apt. #, etc.

123

Suite, Apt. #, etc.

123

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32839

Country

USA

Zip

32839

Country

USA

03272004

Chg-P

CR2E034 (10/03)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ESPITIA, FREDY F
5712 LONG IRON DR
#228
ORLANDO, FL 32839

7. Name and Address of New Registered Agent

Name

ESPITIA FREDY F.

Street Address (P.O. Box Number is Not Acceptable)

5712 LONG IRON DR Ste 123

City

Orlando

FL

Zip Code

32839

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

Signature of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

03/27/04

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

TITLE NAME
P ESPITIA, FREDY F
STREET ADDRESS
5712 LONG IRON DR. #123
CITY-ST-ZIP
ORLANDO, FL 32839

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/27/04 407-9286318

Date

Daytime Phone #