


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-28-2004 90283 005 ***158.75

DOCUMENT # P03000066919			
1. Entity Name ISALVE CORP.			
Principal Place of Business 712 HOLLY STREET NORTH LAUDERDALE FL 33068		Mailing Address 712 HOLLY STREET NORTH LAUDERDALE FL 33068	
2. Principal Place of Business 712 HOLLY STREET		3. Mailing Address 712 HOLLY STREET	
Suite, Apt. #, etc. NORTH LAUDERDALE FL		Suite, Apt. #, etc. NORTH LAUDERDALE FL	
City & State 33068 USA		City & State 33068 USA	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 200644171	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DLR ACCOUNTING CORP. 6336 GRANT STREET HOLLYWOOD FL 33024		7. Name and Address of New Registered Agent Name DLR ACCOUNTING CORP. Street Address (P.O. Box Number is Not Acceptable) 6336 GRANT STREET HOLLYWOOD City FL Zip Code 33024	
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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 NAME STREET ADDRESS CITY-ST-ZIP	P VERA, ISAAC A 712 HOLLY STREET NORTH LAUDERDALE FL 33068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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:  **ISAAC VERA** **04 21 04** **954 695 2834**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #