


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000070253  
 1. Entity Name  
 ISANIC FISHER ISLAND, INC.



Principal Place of Business      Mailing Address  
 C/O REAL ESTATE MARKETING SERVICES      C/O ROBERT LECHTER  
 1150B E. HALLANDALE BEACH BLVD.      1150B E HALLANDALE BEACH BLVD.  
 HALLANDALE BEACH, FL 33009      HALLANDALE BEACH, FL 33009 US

**DO NOT WRITE IN THIS SPACE**



01072005    No Chg-P    CR2E034 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 LECHTER, ROBERT  
 1150B E HALLANDALE BEACH BLVD.  
 HALLANDALE BEACH, FL 33009

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

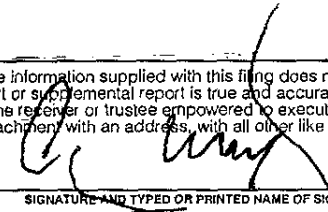
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MATTOS, CARLOS 2701 S. LEJEUNE ROAD SUITE 310 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD CELERON, TORRETA 2701 S. LEJEUNE ROAD, SUITE 310 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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)(f), 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:       04-15-05      (305) 416-0203  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #