

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90372 003 ***150.00

DOCUMENT # P03000070253

1. Entity Name
ISANIC FISHER ISLAND, INC.



Principal Place of Business
**C/O REAL ESTATE MARKETING SERVICES
 1150B E. HALLANDALE BEACH BLVD.
 HALLANDALE BEACH, FL 33009**

Mailing Address
**C/O ROBERT LECHTER
 1150B E HALLANDALE BEACH BLVD.
 HALLANDALE BEACH, FL 33009 US**

60024124



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03242006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number **75-3120693**
NOT APPLICABLE

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LECHTER, ROBERT
 1150B E HALLANDALE BEACH BLVD.
 HALLANDALE BEACH, FL 33009**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 remaining)

DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **PD** Delete
 NAME **MATTOS, CARLOS**
 STREET ADDRESS **2701 S. LEJEUNE ROAD SUITE 310**
 CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **VPD** Delete
 NAME **CELERON, LORRETA**
 STREET ADDRESS **2701 S. LEJEUNE ROAD, SUITE 310**
 CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Delete
 NAME
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 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
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 CITY-ST-ZIP

TITLE Change Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

CARLOS J. MATTOS

02-06-06

305-416-0202

Date

Daytime Phone #