## 2005 FOR PROFIT CORPORATION

12. I hereby certily that the information supplied with this filling doe indicated on this report or supplemental report is true and act of the corporation or the receiver or trustee empowered to exe

changed, or on amattachmen

SIGNATURE:

## Apr 20, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P03000075264 ISANIC HYUNDAI TRADING, INC. Principal Place of Business Mailing Address C/O ROBERT LECHTER C/O REAL ESTATE MARKETING SERVICES 1150B E HALLANDALE BLVD 1150B E HALLANDALE BLVD. HALLANDALE, FL 33009 HALLANDALE, FL 33009 US CR2E034 (10/03) 01072005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LECHTER, ROBERT DO NOT WRITE 1150B E HALLANDALE BLVD. HALLANDALE, FL 33009 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 Signature, typed or printed name of registered agent and title if applicable. TNOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DP TITLE MATTOS, CARLOS NAME 2701 S. LE JEUNE RD., SUITE 310 STREET ADDRESS U00000318266 04/20/05-80050-023 150.00 CITY-ST-ZIP CORAL GABLES, FL 33134 DVP TITLE NAME CELEDON, MARIA LORETTA 2701 S. LE JEUNE RD., SUITE 310 STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

GNING OFFICER OR DIRECTOR

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

(305) 416-0503

**FILED**