

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2007 8:00 am
Secretary of State

08-30-2007 90003 014 ***550.00

DOCUMENT # P03000147994

1. Entity Name
ISAKURA CO.



Principal Place of Business
**14875 NW 77 AVE.
STE: 206
MIAMI LAKES, FL 33014**

Mailing Address
**14875 NW 77 AVE.
STE: 206
MIAMI LAKES, FL 33014**

401308000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

14875 NW 77 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 206

City & State

City & State

MIAMI LAKES FL

Zip

Country

Zip

33014

Country

U.S.A

08272007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-0859432

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROSA MONTENEGRO D
RICARDO SPITZNAGEL D
14875 NW 77 AVE STE 206
MIAMI LAKES FL 33014**

7. Name and Address of New Registered Agent

Name **LILIANA SOUTO / ROSA MONTENEGRO**

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

14875 NW 77 AVE SUITE 206

City **MIAMI LAKES**

FL

Zip Code
33014

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 \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MONTENEGRO, ROSA**
STREET ADDRESS **14875 NW 77 AVE. STE: 206**
CITY-STATE-ZIP **MIAMI LAKES, FL 33014**

TITLE **D** ☒ Delete
NAME **SPITZNAGEL, RICARDO**
STREET ADDRESS **14875 NW 77 AVE. STE: 206**
CITY-STATE-ZIP **MIAMI LAKES, FL 33014**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME **SOUTO, LILIANA**
STREET ADDRESS **14875 NW 77 AVE SUITE 206**
CITY-STATE-ZIP **MIAMI LAKES FL 33014**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

8/27/2007

Date

Daytime Phone #