

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90065 034 ***150.00

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1. Entity Name
ISATIME CORP



Principal Place of Business
**10637 HAMMOCKS BLVD #936
MIAMI, FL 33196**

Mailing Address
**10637 HAMMOCKS BLVD #936
MIAMI, FL 33196**

60003367

2. Principal Place of Business
2852 SE 15th Rd.
Suite, Apt. #, etc.

3. Mailing Address
2852 SE 15th Rd.
Suite, Apt. #, etc.

01152006 Chg-P CR2E034 (11/05)

City & State
Homestead, FL
Zip
33035 Country
USA

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Homestead, FL
Zip
33035 Country
USA

4. FEI Number
20-0606084 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DIAZ, MARIA-ISABEL
10637 HAMMOCKS BLVD #936
MIAMI, FL 33196**

7. Name and Address of New Registered Agent

Name
DIAZ, MARIA-ISABEL

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

2852 SE 15th Rd.

City
Homestead FL Zip Code
33035

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, 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
P ☐ Delete
NAME
DIAZ L, MARIA-ISABEL
STREET ADDRESS
10637 HAMMOCKS BLVD #936
CITY-ST-ZIP
MIAMI, FL 33196

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
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
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-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: Maria-Isabel Diaz **MARIA-ISABEL DIAZ** 1/16/2006 305-562-0387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #