2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 15, 2005 8:00 am Secretary of State

DOCUMENT # P0400006204 1. Entity Name ISABELITA'S INC.					04-15-2005 90067 037 ***150.00				
			Address 12TH AVENUE NORTH IERSBURG, FL 33701		Annaleia				
2. Principal F	Place of Business Lentral Ave	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03122005	Chg-P	CR2E03	4 (10/03)		
St. Petersburg, FL		City & State		4. FEI Number 20 – 0	584958			plied For t Applicable	
^{Zip} 33	705 Pinellas	Zip	Country	<u></u>	5. Certificate of			8.75 Add ee Required	<u>d</u>
LEVTON	6Name and Address of Curren	: Hegisterod Agent		tame	~∵7.~Namo and A	ddress of New Re	gistered A	gent	
	DARCY H AVE NORTH RSBURG, FL 33701		Street Address		(P.O. Box Number	s Not Acceptable)			
			C	City		<u></u>	FL	Zip Code	
	e named entity submits this statement fitions of registered agent.	or the purpose of changing its	s registered o	ffice or registe	ered agent, or both,	in the State of Flor	ida. I am la	miliar with.	and accept
SIGNATURE.	Signature, typed or printed name of registered agen	t and title if applicable (NO					DATE		
		TO BOOK TOPPICADE.	IE: Registered Age	ar ziðustna tednira	d when reinstating)		DATE		1
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election Campa	aign Financing	9 _ \$5	5.00 May Be ded to Fees		DATE		
After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550 OFFICERS AND	9. Election Campa Trust Fund Con	aign Financing stribution.	9 _ \$5	.00 May Be ded to Fees	HANGES TO OFFIC	DERS AND I		
After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election Campa Trust Fund Con	aign Financing	S \$5	.00 May Be ded to Fees	HANGES TO OFFIC	DERS AND I	DIRECTORS Change	S IN 11
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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)(I). 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 celt; 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-13-05

Daytime Phone #