

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90370 048 \*\*\*150.00

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**DOCUMENT # P04000033373**

1. Entity Name  
**INTERNATIONAL SURVEYING EQUIPMENTS INC.**



Principal Place of Business  
**1504 BEARSS AVE  
LUTZ, FL 33549 US**

Mailing Address  
**8276 SWANN HOLLOW DRIVE  
TAMPA, FL 33647 US**

40034277

55543



2. Principal Place of Business - No P.O. Box #  
**2311 cypress cove #102**

3. Mailing Address  
**2311 cypress cove #102**

03072007

Chg-P

CR2E034 (12/06)

City & State  
**Wesley chapel**  
Zip  
**33543** Country  
**pasco**

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**Wesley chapel**  
Zip  
**33543** Country  
**pasco**

4. FEI Number  
**56-2444349**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**MOHEBBI, LEYLA  
8276 SWANN HOLLOW DRIVE  
TAMPA, FL 33647**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P MOHEBBI, LEYLA 8276 SWANN HOLLOW DRIVE TAMPA, FL 33647</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*

**leyla Mohebbi**

**CEO 3/8/07**

**8133597999**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #