

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90334 013 ***150.00

DOCUMENT # P04000052033					
1. Entity Name GROUP ISO OF NORTH AMERICA, INC.					
Principal Place of Business 3001 S. W. 24TH AVENUE APT. # 305 OCALA, FL 34474			Mailing Address 3001 S. W. 24TH AVENUE APT. # 305 OCALA, FL 34474		
2. Principal Place of Business N/A		3. Mailing Address 505 74TH STREET Suite, Apt. #, etc. A-6			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03312005 Chg-P CR2E034 (10/03)	
City & State		City & State MIAMI BEACH FL		4. FEI Number 06-1720484 <input type="checkbox"/> Applied For Not Applicable	
Zip Country		Zip Country 33141 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DANG-NGUYEN, CASSIDY Y 3001 S.W. 24TH AVENUE APT. # 305 OCALA, FL 34474				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 505 74TH STREET UNIT A-6 City MIAMI BEACH FL FL Zip Code 33141	
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: CASSIDY DANG-NGUYEN, PRESIDENT 040805 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DANG-NGUYEN, CASSIDY Y 3001 S.W. 24TH AVENUE, APT. # 305 OCALA, FL 34474 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DANG-NGUYEN, CASSIDY Y 505 74TH STREET #A6 MIAMI BEACH FL 33141 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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 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 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: CASSIDY DANG-NGUYEN 040805 (305) 865-3348 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					