2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000113683

1. Entity Name
ILASA INVESTMENT CORP.

Principal Place of Business	Mailing Address
15025 SW 63RD ST MIAMI, FL 33193	15025 SW 63RD ST MIAMI, FL 33193

DO NOT WRITE IN THIS SPACE

03232006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1458966

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SALAZAR, LISETTE ESQ
260 CRANDON BLVD STE 48
KEY BISCAYNE, FL 33149

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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 changing) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2006 Fee will be $350.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LOPEZ, PETRONIO
STREET ADDRESS	15025 SW 63RD ST
CITY-ST-ZIP	MIAMI, FL 33193
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	

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04/07/06-80018-020 150.00

DO NOT WRITE IN THIS SPACE

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 Date Daytime Phone #