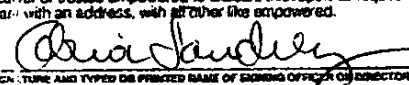


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90086 040 ***150.00

DOCUMENT # P04000149353			
1. Entity Name INTERNATIONAL SMART INVESTMENT INC.			
Principal Place of Business 10504 NW 2ND AVE MIAMI SHORES, FL 33150		Mailing Address	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 260100090		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GLORIA SANCHEZ 10504 NW 2ND AVE MIAMI SHORES, FL 33150		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
8. The above period 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, brand or print name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when removing) DATE _____			
FILE NUMBER FEE IS \$150.00 After May 1, 2005 Fee will be \$300.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P.D. ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GLORIA SANCHEZ	NAME	
STREET ADDRESS	10504 NW 2ND AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES, FL 33150	CITY-ST-ZIP	
TITLE	J.P. ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CESAR CARRILLO	NAME	
STREET ADDRESS	10504 NW 2ND AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES, FL 33150	CITY-ST-ZIP	
TITLE	S.D. ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MARIA M. CRUZ	NAME	
STREET ADDRESS	10504 NW 2ND AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES, FL 33150	CITY-ST-ZIP	
TITLE	T.D. ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MARIA M. CRUZ	NAME	
STREET ADDRESS	10504 NW 2ND AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES, FL 33150	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 recorder or trustee empowered to execute this report as required by Chapter 807, 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: 		04-29-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	