


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90029 009 ***163.75

DOCUMENT # P04000171121

1. Entity Name
VICTOR E. ISLA, INC.



Principal Place of Business
**1607 AMERICANA BLVD APT 17C
 ORLANDO, FL 32839**

Mailing Address
**1607 AMERICANA BLVD APT 17C
 ORLANDO, FL 32839**

2. Principal Place of Business
4602 OAK HAVEN DR

3. Mailing Address
4602 OAK HAVEN DR.

Suite, Apt. #, etc.
APT 201

Suite, Apt. #, etc.
APT 201

City & State
ORLANDO FL.

City & State
ORLANDO FL.

Zip Country
32839

Zip Country
32839



03092006 Chg-P CR2E034 (11/05)

4. FEI Number
51-0532286

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ISLA, VICTOR E
 1607 AMERICANA BLVD APT 17C
 ORLANDO, FL 32839**

7. Name and Address of New Registered Agent

Name
ISLA, VICTOR E.

Street Address (P.O. Box Number is Not Acceptable)
4602 OAK HAVEN DR. APT 201

City **ORLANDO FL.** Zip Code **32839**

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	DP ISLA, VICTOR E 1607 AMERICANA BLVD APT 17C ORLANDO, FL 32839 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEXTRE, MARIA VICTORIA 4602 OAK HAVEN DR. APT 201 ORLANDO FL. 32839 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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:  **3/14/06** **407-351-8491**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #