
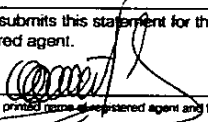



**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90170 048 \*\*\*150.00

DOCUMENT # P04000171121			
1. Entity Name VICTOR E. ISLA, INC.			
Principal Place of Business 4602 OAK HAVEN DR APT 201 ORLANDO, FL 32839		Mailing Address 4602 OAK HAVEN DR APT 201 ORLANDO, FL 32839	
2. Principal Place of Business - No P.O. Box # 5758 KINGSGATE DR Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State APT D ORLANDO FL.		City & State	
Zip 32839	Country	Zip	Country
6. Name and Address of Current Registered Agent ISLA, VICTOR E 4602 OAK HAVEN RD APT 201 ORLANDO, FL 32839		7. Name and Address of New Registered Agent Name ISLA, VICTOR E Street Address (P.O. Box Number is Not Acceptable) 5758 KINGSGATE DR APT D. ORLANDO FL 32839 City Zip Code FL	
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 04/20/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <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	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	V DEXTRE, MARIA V 4602 OAK HAVEN DR APT 201 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	M ISLA, LUIS A 4602 OAK HAVEN DR APT 201 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	<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	<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	<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: 		DATE: 04/20/07 321-287-4527 Daytime Phone #	



04182007 Chg-P CR2E034 (12/06)

4. FEI Number 51-0532286 Applied For Not Applicable

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