


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90032 025 \*\*\*158.75

DOCUMENT # P04000171121  
 1. Entity Name  
**VICTOR E. ISLA, INC.**



Principal Place of Business  
**5758 KINGSGATE DR  
 APT D  
 ORLANDO, FL 32839**

Mailing Address  
**4602 OAK HAVEN DR  
 APT 201  
 ORLANDO, FL 32839**

2. Principal Place of Business - No P.O. Box #  
**5767 KINGSGATE DR**


3. Mailing Address  
**5767 KINGSGATE DR**

Suite, Apt. #, etc.  
**F**

City & State  
**ORLANDO FL**

Zip  
**32839**

Country



04192008 Chg-P CR2E034 (12/06)

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  
 5758 KINGSGATE DR.  
 APT D  
 ORLANDO, FL 32839**

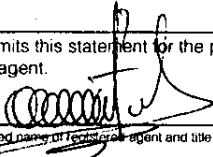
**7. Name and Address of New Registered Agent**

Name **ISLA, VICTOR E.**

Street Address (P.O. Box Number is Not Acceptable)  
**5767 KINGSGATE DR APT F**

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 **04/19/08**

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

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	ISLA, VICTOR E	1607 AMERICANA BLVD APT 17C	ORLANDO, FL 32839	<input type="checkbox"/>
V	DEXTRE, MARIA V	4602 OAK HAVEN DR APT 201	ORLANDO, FL 32839	<input type="checkbox"/>
M	ISLA, LUIS A	4602 OAK HAVEN DR APT 201	ORLANDO, FL 32839	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 reports 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 **04/19/08**