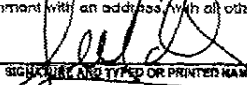


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 10, 2007 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |                                                                                                                           |                                                                                                 |  |
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| <b>DOCUMENT # P05000000883</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                 |                                          |                                                                                                 |  |
| 1. Entity Name<br><b>IVSAN INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                 |                                                                                                                           |                                                                                                 |  |
| Principal Place of Business<br><b>7490 W 17TH AVE<br/>HIALEAH, FL 33014</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                 | Mailing Address<br><b>7490 W 17TH AVE<br/>HIALEAH, FL 33014</b>                                                           |                                                                                                 |  |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                 |                                         |                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 | 07022007 No Chg-P CR2E034 (11/05)                                                                                         |                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 | 4. FEI Number<br><b>20-2226776</b>                                                                                        | Applied For<br><input type="checkbox"/> Not Applicable                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                           |                                                                                                 |  |
| 6. Name and Address of Current Registered Agent<br><br><b>GARCIA, LOUIS D<br/>13446 SW 62 ST<br/>MIAMI, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                 | <b>DO NOT WRITE IN THIS SPACE</b>                                                                                         |                                                                                                 |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: registered agent signature required when substituting)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                 |                                                                                                                           |                                                                                                 |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 14, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                 | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> | In accordance with s. 607.193(2)(b), F.S., the<br>corporation did not receive the prior notice. |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                 | <b>DO NOT WRITE IN THIS SPACE</b>                                                                                         |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | D<br>SANTIAGO, EMILIO B<br>7490 W 17TH AVE<br>HIALEAH, FL 33014 |                                                                                                                           |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | D<br>SANTIAGO, IRIS M<br>7490 W 17TH AVE<br>HIALEAH, FL 33014   |                                                                                                                           |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                 |                                                                                                                           |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                 |                                                                                                                           |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                 |                                                                                                                           |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                 |                                                                                                                           |                                                                                                 |  |
| 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 corporations. |                                                                 |                                                                                                                           |                                                                                                 |  |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                 | 7/2/07 (305) 8252983                                                                                                      |                                                                                                 |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                 | Date Officer/Printer's                                                                                                    |                                                                                                 |  |