## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000034144

Entity Name: INVOSAT, INCORPORATED

4420 SW 74TH WAY

**DAVIE, FL 33314** 

Address:

City-St-Zip:

FILED May 03, 2007 Secretary of State

Current Pr	incipal Pla	ce of Business:	New Prince	New Principal Place of Business:		
6045 SW 4 DAVIE, FL	5TH STRE 33314 l	ET JS				
Current Ma	ailing Add	ress:	New Maili	New Mailing Address:		
6045 SW 4 DAVIE, FL		ET JS				
FEI Number:	20-2765169	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and	Address o	f Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
CASSIDY, 4420 SW 7 DAVIE, FL	4TH WAY	JS	6045 SW 4	LUCCI, VICKY 6045 SW 45TH STREET DAVIE, FL 33314 US		
The above in the State		ty submits this statement for the	purpose of changing i	ts registered o	office or registered agent, or bo	th,
SIGNATUR	RE: VICKY	LUCCI		05/03/2007		
	Elect	ronic Signature of Registered A	gent		Date	
		.193(2)(b), F.S., the corporation did bing Trust Fund Contribution ( ).	not receive the prior notic	e.		
	AND DIRI	=	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P CASSIDY, S 4420 SW 74 DAVIE, FL 3	TH WAY	Title: Name: Address: City-St-Zip:	P (X LUCCI, ANTHO 6045 SW 45TH DAVIE, FL 333	HSTREET	
Title: Name: Address: City-St-Zip:	VP LUCCI, ANT 4340 SW 74 DAVIE, FL	TH WAY	Title: Name: Address: City-St-Zip:	VP (X LUCCI, VICKY 6045 SW 45TH DAVIE, FL 33:	I STREET	
Title: Name: Address: City-St-Zip:	S LUCCI, VICE 4340 SW 74 DAVIE, FL	TH WAY	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name:	T CASSIDY, C	(X) Delete	Title: Name:	(	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: VICKY LUCCI VP 05/03/2007