

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2006 8:00 am
Secretary of State

07-17-2006 90141 002 ***150.00

DOCUMENT # P05000078127 1. Entity Name ISIS HEAT SOLUTIONS INCORPORATED					
Principal Place of Business 712 NW 17 CT MIAMI, FL 33125			Mailing Address 712 NW 17 CT MIAMI, FL 33125		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-9199002	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HO, MARIA J 7968 NW 56 ST DORAL, FL 33166			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P RUIZ, JOSE M 712 NW 17 CT MIAMI, FL 33125	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP HO, MAN FEI 7968 NW 56 ST DORAL, FL 33166	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SEC RUIZ, ELISABETH 712 NW 17 CT MIAMI, FL 33125	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SEC HO, MARIA J 7968 NW 56 ST DORAL, FL 33166	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ 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: _____ SIGNATURE AND TITLE REQUIRED FOR EACH OF SIGNING OFFICER OR DIRECTOR					

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