

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2006 8:00 am
Secretary of State

08-02-2006 90003 033 ***150.00

DOCUMENT # P05000090490					
1. Entity Name ISHAJHAL CONTRACTING INC					
Principal Place of Business 12970 GRASS FARM ROAD PALMETTO, FL 34221			Mailing Address PO BOX 621 PARRISH, FL 34219		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		07142006 Chg-P CR2E034 (11/05)	
4. FEI Number 20-3048326				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FUENTES, CECILIO 12970 GRASS FARM ROAD PALMETTO, FL 34221				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: <u>Angelitta S. Fuentes</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <u>7/24/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DPS FUENTES, CECILIO 12970 GRASS FARM ROAD PALMETTO, FL 34221			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FUENTES, ANGELITTA 12970 GRASS FARM ROAD PALMETTO, FL 34221			<input type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
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: <u>Angelitta S. Fuentes</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	
DATE: <u>7/24/06</u>				DAYTIME PHONE: <u>813-478-1604</u>	