2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P06000012769

1. Entity Name

INSTALLATION OF STORAGE SYSTEMS CORP.

Principal Place of Business	Mailing Address
9712 SW 145 CT MIAMI FL 33186	9712 SW 145 CT MIAMI FL 33186

1st MOORE   CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number 34-2060535
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

Applied For
Not Applicable

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOMEZ, OMAR 9712 SW 145 CT MIAMI FL 33186	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 _____

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P NAME GOMEZ, OMAR STREET ADDRESS 9712 SW 145 CT CITY-ST-ZIP MIAMI FL 33186 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition U00000801824 02/01/08-80095-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____
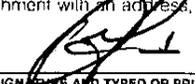
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-24-08
Date

786-877-9378
Daytime Phone #