2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000013360

1. Entity Name
ISMA GOLD, INC.

Principal Place of Business	Mailing Address
2425 CLIFFDALE STREET OCOEE, FL 34761 US	2425 CLIFFDALE STREET OCOEE, FL 34761 US

DO NOT WRITE IN THIS SPACE

03032008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-4184070	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHAHZAD, FAISAL
2425 CLIFFDALE STREET
OCOEE, FL 34761

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IN THIS SPACE

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

10.   OFFICERS AND DIRECTORS

TITLE	P	U000000849097
NAME	SHAHZAD, FAISAL	03/21/08-80007-008 150.00
STREET ADDRESS	2425 CLIFFDALE STREET	
CITY-ST-ZIP	OCOEE, FL 34761	

TITLE	VP
NAME	TAMAZ, SHABNAM
STREET ADDRESS	2425 CLIFFDALE STREET
CITY-ST-ZIP	OCOEE, FL 34761

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: X _Faisal Shahzad_   3-3-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #