2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 06, 2007 8:00 am Secretary of State

Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Rectard \$6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Sireet Address (P.O. Box Number is Not Acceptable) Sireet Address of New Registered Agent Name Sireet Address (P.O. Box Number is Not Acceptable) Sireet Address of New Registered Agent Sireet Address (P.O. Box Number is Not Acceptable) Sireet Address (P.O. Box Number is Not Acceptable	1. Entity Nam	MENT # P06000033			08-06-2007 9	0031 011 ***150	0.00		
Suite, Apt. #, etc. Suite, Apt. #, etc. O7192007 ChgP CR2E034 (12/06) City & State City & State City & State City & State Country State State Country State State Country State Stat	13515 S.W. 82ND TERRACE		13515 S.W. 82ND TERRACE						
City & State City & State of Status Desired & Sent Address of New Registered Agent To Name and Address of New Registered Agent To	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						
Zip Country	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		***	07192007	Chg-P	CR2E034 (12/06)	
RODRIGUEZ, REINA I 13515 S.W. 82ND TERRACE MIAMI, FL 33183	City & Stat	e .							pplied For ot Applicable
Name Sirect Address (P.O. Box Number is Not Acceptable) Sirect 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 agent, or both, in the State of Florids. I am familiar with, and active obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 9. Election Campagn Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE ROORIGUEZ, REINA I SISTET ADDRESS CITY-S1-2P	Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired		
RODRIGUEZ, REINA I 13515 S.W. 82ND TERRACE MIAMI, FL 33183 8. The above named entry 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 active obligations of registered agent. Signature: FILE NOWILL FEE IS \$150.00 Due by September 14, 2007 PUS PICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 III.E PORTIGUEZ, REINA I 13515 S.W. 82ND TERRACE OTY-S1-2P MIAMI, FL 33183 OTY-S1-2P TITLE Dedete III.E MAME SIREET ADDRESS OTY-S1-2P TITLE DEDETE TITLE DE		6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New Re	egistered Agent	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and active obligations of registered agent. SIGNATURE Signature, spoed or printed name of registered agent and life if applicable. (NOTE Registered Agent sequelar required when revealance) FILE NOW!!! FEE IS \$150.00 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 Added to Fees In accordance with s. 607.193(2	13515 S.W	/. 82ND TERRACE				(P.O. Box Numb	er is Not Acceptable)	
B. 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 ac the obligations of registered agent. SIGNATURE Separatra, typed or printed name of registered agent and the idiapplicable (NOTE Projected Agent signature required agent, or both, in the State of Florida. I am familiar with, and accordance with s. 607, 193(2)(b), F.S., tt. 1910 (NOTE Projected Agent signature required men renstatory) DATE	MIAWI, FL	,			City			Zio Coo	1e
SIGNATURE Signature Signa			or the purpose of changing its	s registere		red agent, or bo	th, in the State of Flor	ГЬ	
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PRODRIGUEZ, REINA I SIREE ADDRESS ORIV-SI-2P TITLE NAME SIREE ADDRESS CITY-SI-2P TITLE SIREE ADDRESS SIREE ADDRESS CITY-SI-2P TITLE SIREE ADDRESS SIREE ADDRESS SIREE ADDRESS CITY-SI-2P TITLE SIREE ADDRESS SIREE ADDRESS CITY-SI-2P TITLE SIREE ADDRESS	•								
Trust Fund Contribution. Added to Fees Corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITILE PRODRIGUEZ, REINA MAKE MAK		Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature required	d when reinstating)	11.21.	DATE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S					++		In accordance w corporation did r	vith s. 607.193(2)(b), not receive the prior	F.S., the notice.
NAME SIRET ADDRESS CITY-ST-2P TILE NAME SIRET ADDRESS CITY-ST-2P	10.			11.		ADDITIONS	CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP ITITE NAME NAME STREET ADDRESS CITY-ST-ZIP ITITE NAME NAME STREET ADDRESS CITY-ST-ZIP ITITE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ITITE NAME STREET ADDRESS	NAME STREET ADDRESS	RODRIGUEZ, REINA I 13515 S.W. 82ND TERRACE	☐ Delete	NAMI STRE	E ET ADDRESS			☐ Change	Addition
NAME STREET ADDRESS	NAME STREET ADDRESS		☐ Delete	NAMI STRE	E ET ADDRESS			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS		☐ Delete	NAM! STRE	E ET ADDRESS	, - , - ,		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE Delete TILE NAME NAME STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS		☐ Delete	NAMI STRE	ET ADDRESS			☐ Change	☐ Addition
NAME STREET ADDRESS NAME STREET ADDRESS	NAME STREET ADDRESS		□ Delete	NAMI STRE	E ET ADDRESS			☐ Change	☐ Addition
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information	NAME STREET ADDRESS CITY-ST-ZIP	perify that the information supplied with		NAM STRE CITY	E ET ADDRESS - ST- ZIP	d in Chanter 11	9. Florida Statutes 1		Addition

12. Thereby certify that the information supplied with this liting does not quarry for the exemptions contained in Chapter 119, Florida Statutes. I former certify that I am entitle 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 an other like empowered.

SIGNATURE: + hence Hostrica

07/19/07 (305) 387-5787 Date Daylind Phone #

2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P06000033214

1. Entity Name	MENT # P0600003 G BY ISABEL, INC.	3214			ATTACHMENT			
Principal Place 13515 S.W. 8 MIAMI, FL 33	32ND TERRACE	Mailing Address 13515 S.W. 82ND TE MIAMI, FL 33183	RRACE		6128240 "			
2. Principal Pl	ace of Business - No P.O Box #	3. Mailing Address		7	1728x40 "			
Suite, Apt.	#, elc.	Suite, Apt. #, etc.		0719200	07 Chg-P CR2E034 (12/06)			
City & State	-	City & State	e		mber Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certitio	cate of Status Desired			
	6. Name and Address of Curren	t Registered Agent	Name	7. Name	and Address of New Registered Agent			
	EZ, REINA I 7. 82ND TERRACE 33183		Street	Street Address (P.O. Box Number is Not Acceptable)				
			City	·	FL Zip Code			
	named entity submits this statement ions of registered agent.	for the purpose of changing i	its registered office	or registered agent, or	r both, in the State of Florida. I am familiar with, and accept			
SIGNATURE_	Signature, typed or printed name of registered age	nt and little if applicable (No	OTE Registered Agent sign	ature required when reinstating	DATE			
	LE NOW!!! FEE IS \$150.00 ue by September 14, 2007	9. Election Camp Trust Fund Co		\$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 AN	D DIRECTORS	11.	ADDITIO	NS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, REINA I 13515 S.W. 82ND TERRACE MIAMI, FL 33183	Delete	TIFLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-SF-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME SIREET ADDRESS CITY-S1-ZIP		□ Change □ Addition			
NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET AODRES CHY-ST-ZIP	5	☐ Change ☐ Addition			
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TOTE NAME STREET ADDRES CITY-ST-ZIP	6	☐ Change ☐ Addition			
indicated of the co.	t an thin concert or accordamental conce	I is true and accurate and that apowered to execute this rep	at my signature sha ort as required by C	i haya iba cama lanal	r 119, Florida Statutes, 1 further certily that the information effect as if made under oath; that I am an officer or director atutes, and that my name appears in Block 10 or Block 11 if			
SIGNATURE: # 100 CONTROL OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL OR DIRECTOR Date OF SIGNING OFFICIAL OR DATE OF SIGNING OFFICIAL								