

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000034672

Entity Name: ISA GROUP, CORP.

FILED
Jan 09, 2008
Secretary of State

Current Principal Place of Business:

1901 BRICKELL AVENUE
SUITE # 514-B
MIAMI, FL 33129

New Principal Place of Business:

2199 PONCE DE LEON BLVD
SUITE # 200
CORAL GABLES, FL 33134

Current Mailing Address:

1901 BRICKELL AVENUE
SUITE # 514-B
MIAMI, FL 33129

New Mailing Address:

2199 PONCE DE LEON BLVD
SUITE # 200
CORAL GABLES, FL 33134

FEI Number: 20-4682474

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHALBAUD, VERUSKA
1901 BRICKELL AVENUE
SUITE # 514B
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

CHALBAUD, VERUSKA
2199 PONCE DE LEON BLVD
SUITE # 200
CORAL GABLES, FL 33134 US

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.

SIGNATURE:

01/09/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CAVALLINI, ROBERTO
Address: AV. ROMULO GALLEGOS CON AV. LAS PALMAS
City-St-Zip: C.C. LAS PALMAS OFIC 4-E, MI CARACAS VE

Title: VP () Delete
Name: CHALBAUD, VERUSKA
Address: AV. ROMULO GALLEGOS CON AV. LAS PALMAS
City-St-Zip: C.C. LAS PALMAS OFIC. 4-E, MI CARACAS VE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CAVALLINI, ROBERTO
Address: 2199 PONCE DE LEON BLVD STE.200
City-St-Zip: CORAL GABLES, FL 33134

Title: VP (X) Change () Addition
Name: CHALBAUD, VERUSKA
Address: 2199 PONCE DE LEON BLVD STE.200
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTO CAVALLINI

P

01/09/2008

Electronic Signature of Signing Officer or Director

Date