2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P06000090339 1. Entity Name 02-29-2008 90017 036 ***158.75 ISTE, INC. Mailing Address Principal Place of Business **4629 ROTHSCHILD DRIVE 4629 ROTHSCHILD DRIVE** CORAL SPRINGS, FL 33067 CORAL SPRINGS, FL 33067 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2801 PEMBROKE ROAD 2801 PEMBROKE ROAD Suite, Apt. #, etc 02272008 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number HOLLYWOO! CL HULLY WICKIN 20-4899805 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 3020 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AYDIN MENGULAGLU ERCAN, ISMAIL H Street Address (P.O. Box Number is Not Acceptable) 4679 ROTHSCHILD DRIVE CORAL SPRINGS, FL 33067 Zip Code 33020 HOLLY WOOD he purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the obligations of AYDIN MONGULOGILI SIGNATURE. (NOTE: Registered Agent signature 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change : ■ Addition ERCAN, ISMAIL H NAME NAME 4629 ROTHSCHILD DRIVE STREET ADDRESS 2801 PEMBROKE RUAD STREET ADDRESS CORAL SPRINGS, FL 33067 CITY-ST-Z(P CITY-ST-ZIP HOLLY WOOD, FL VP TITLE ☐ Detete TITLE Change ☐ Addition NAME MENGULOGLU, AYDIN NAME 5208 NE 6TH AVENUE UNIT 1A STREET ADORESS STREET ADDRESS 2801 PEMBAOLE ROAD FORT LAUDERDALE, FL 33334 CITY-ST-ZIP CITY-ST-ZIP HULLYWOOD, FL 33020 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE ☐ Delete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP 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 the end excurate 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 attachapent with an address, with all other like empowered. SIGNATURE: MENGULOSLU

FILED

Feb 29, 2008 8:00 am

Daytime Phone #