2013 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
'13 MAY 14 PM 5:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P12000077284

1. Entity Name
I SALES INC

Principal Place of Business
351 SW 63RD TERRACE
PLANTATION, FL 33317

Mailing Address
351 SW 63RD TERRACE
PLANTATION, FL 33317

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

12272013 Chg-P CR2E034 (12/11)

4. FEI Number 46-0963796 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

IANNAZZONE, ANTHONY
351 SW 63RD TERRACE
PLANTATION, FL 33317

7. Name and Address of New Registered Agent

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 $550.00
Due by September 27, 2013

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 NAME STREET ADDRESS CITY-ST-ZIP	P IANNAZZONE, ANTHONY 351 SW 63RD TERRACE PLANTATION, FL 33317	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] TIANNAZZONE@AOL.COM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE E-MAIL ADDRESS