

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P93000002772**

1. Entity Name  
**ISRO ENTERPRISES, INC.**



Principal Place of Business

**2141 NW 7 ST  
MIAMI, FL 33125 US**

Mailing Address

**2141 NW 7 ST  
MIAMI, FL 33125 US**



02132007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0486880**

Applied For  
☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**ASUSTA, TOMAS  
2141 NW 7 STREET  
MIAMI, FL 33125**

**DO NOT WRITE  
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.

**TOMAS J. ASUSTA Treas.**

(NOTE: Registered Agent signature required when reinstating)

**4/23/07**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	TS
NAME	ASUSTA, TOMAS
STREET ADDRESS	2141 NW 7 STREET
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	P
NAME	CREGO, PIERRE
STREET ADDRESS	5601 COLLINS AVENUE, PH 14
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000731814  
05/09/07-80020-008 150.00

**DO NOT WRITE  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**TOMAS J. ASUSTA**

**4/23/07**

DATE

**786 326 5508**

Daytime Phone #