2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000002772

1. Entity Name
ISRO ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2141 NW 7 ST	2141 NW 7 ST
MIAMI, FL 33125 US	MIAMI, FL 33125 US

DO NOT WRITE IN THIS SPACE

01172008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0486880	Not Applicable

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

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6. Name and Address of Current Registered Agent

ASUSTA, TOMAS
2141 NW 7 STREET
MIAMI, FL 33125

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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.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000849485
03/21/08-80022-023 150.00

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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: _____ TOMAS ASUSTA   3/4/08   7863265508

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #