


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

3/1

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90029 048 \*\*\*150.00

<b>DOCUMENT # P93000058440</b> 1. Entity Name ISIS FLOWER GARDENS INC.	
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Principal Place of Business 3617 SW 8TH STREET MIAMI, FL 33135 US	Mailing Address 3617 SW 8TH STREET MIAMI, FL 33135 US
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<b>DO NOT WRITE IN THIS SPACE</b>
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01302008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0430527	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  HOTUSING, CARMEN 14827 BARGOWAN RD BLDG 8 APT 203 HIALEAH, FL 33016
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 re-registering) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOTUSING, CARMEN 14827 BALGOWAN RD BLDG 8 APT 203 HIALEAH, FL 33016
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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:  \_\_\_\_\_  
SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date March 16, 2008 Daytime Phone # \_\_\_\_\_