

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90106 015 \*\*\*150.00

<b>DOCUMENT # P94000035184</b>					
<b>1. Entity Name</b> ISI'S PLAZA, INC.					
<b>Principal Place of Business</b> 3805 SW 8TH STREET CORAL GABLES, FL 33134			<b>Mailing Address</b> 3805 SW 8TH STREET CORAL GABLES, FL 33134		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0495026	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
VILARINO, MANUEL I. 3805 SW 8TH ST. MIAMI, FL 33134			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> VILARINO, MANUEL I. 3805 SW 8TH ST. CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> VILARINO, ANA ELENA 3805 SW 8TH ST. CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> VILAMINO, ISIDORO 3805 SW 8 ST. CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> VILARINO, ANNIA E 2805 SW 8 ST. CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <i>Isidoro Vilamino</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <i>4/26/07</i> Daytime Phone #					

40109436



01042007 Chg-P CR2E034 (12/06)

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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**SIGNATURE:** *Isidoro Vilamino*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *4/26/07* Daytime Phone #