

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90134 040 ***150.00

DOCUMENT # P96000070395

1. Entity Name
ISW PROPERTIES, INC.



Principal Place of Business
**211 SO. FEDERAL HIGHWAY
HOLLYWOOD, FL 33020**

Mailing Address
**211 SO. FEDERAL HIGHWAY
HOLLYWOOD, FL 33020**

50006711



03122006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

1000 North Federal Hwy.

Suite, Apt. #, etc.

3. Mailing Address

1000 North Federal Hwy

Suite, Apt. #, etc.

City & State

Hollywood FL.

City & State

Hollywood FL.

4. FEI Number

65-0694282

Applied For

Not Applicable

Zip

33020

Country

Broward

Zip

33020

Country

Broward

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

**WILLNER, IRA
211 S. FEDERAL HWY
HOLLYWOOD, FL 33020**

7. Name and Address of New Registered Agent

Name

IRA Willner

Street Address (P.O. Box Number is Not Acceptable)

1000 North Federal Hwy.

City

Hollywood

FL

Zip Code

33020

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
WILLNER, IRA S
211 SO. FEDERAL HIGHWAY
HOLLYWOOD, FL 33020**

☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**IRA Willner
1000 North Federal Hwy.
Hollywood FL 33020**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/06

(954) 925-8058

Date

Daytime Phone #