9/8/2003-90142-038-\$150.00-\$150.00

Devtime Phone I

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03 SEP 22 PM 1: LR DOCUMENT # P98000014634 1. Entity Name SECRETARY OF STATE TALLAHASSEE, FLORIDA ISOCOMM, INC. Principal Place of Business Mailing Address 3710 N.W. 116 TERRACE 3710 N.W. 116 TERRACE SUNRISE FL 33323 SUNRISE FL 33323 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0828774 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CABREJO, DAVID Street Address (P.O. Box Number is Not Acceptable) 3710 N.W. 116 TERRACE SUNRISE FL 33323 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 egent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11, TITLE ☐ Delete TITLE ☐ Change Addition NAME **GUTIERREZ, LUIS** NAME STREET ADDRESS 3710 NW 118 TERRACE STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33323 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition CABREJO, DAVID GUSTAVO NAME NAME STREET ADDRESS STREET ADDRESS 3710 NW 116 TERRACE CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33323 Delete ☐ Change ☐ Addition NAME NAME- .--STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete me TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SUNRISE, SEPTEMBER 18 2003.

FLORIDA DEPARTMENT OF STATE

GLENDA E. HOOD

SECRETARY OF STATE

SUBJECT: ISOCOMM, INC(P98000014634)

WAIVE \$400.00 LATE FEE.

THE PRESENT LETTER IS TO FORMALLY REQUEST FROM YOU TO PLEASE WAIVE THE LATE FEE OF \$ 400.00 (FOUR HUNDRED) FOR THE ANNUAL/UNIFORM BUSINESS REPORT. AS YOU CAN SEE IN MIY RECORDS I NEVER HAVE BEEN LATE FOR THIS, BUT I NEVER GOT THE FORMS BEFORE.

SINCERELY,

DAVID G CABREJO

AGENT

(786) 271 -5496