

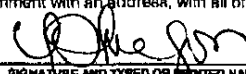
FROM :ABELAIRAS

FAX NO. :7864971900

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90070 049 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P98000052647 1. Entity Name INTERNATIONAL SATELLITE COMPANY INCORPORATED					
Principal Place of Business 300 SW 107 AVE SUITE 109 MIAMI, FL 33174-1079			Mailing Address 11500 SW 2ND ST. #106 MIAMI, FL 33174		
2. Principal Place of Business - No P.O. Box # 13355 SW 135 Ave		3. Mailing Address 5201 SW 163 Ct			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State miami florida		City & State miami florida			
Zip 33186		Country USA		Zip 33185	
Country USA		4. FEI Number 65-0842821			
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent OBREBON, YAMILA 11500 SW 2ND ST., #106 MIAMI, FL 33174			7. Name and Address of New Registered Agent Name Yamila Obregon Street Address (P.O. Box Number is Not Acceptable) 5201 SW 163 Ct City miami FL Zip Code 33185		
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 resubmitting)					
FILE NOW! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing (Initial Fund Contribution) ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME OBREBON, YAMILA R		☐ Delete		
STREET ADDRESS 210 SW 107 AVE	CITY-ST-ZIP MIAMI, FL 33174		☐ Change ☐ Addition		
TITLE VP	NAME OBREBON, OLIVER		☒ Delete		
STREET ADDRESS 210 SW 107 AVE	CITY-ST-ZIP MIAMI, FL 33174		☐ Change ☐ Addition		
TITLE 	NAME 		☐ Delete		
STREET ADDRESS 	CITY-ST-ZIP 		☐ Change ☐ Addition		
TITLE 	NAME 		☐ Delete		
STREET ADDRESS 	CITY-ST-ZIP 		☐ Change ☐ Addition		
TITLE 	NAME 		☐ Delete		
STREET ADDRESS 	CITY-ST-ZIP 		☐ 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: 			Date 1/7/08 (305) 2268927		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

40002043



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