FROM :ABELAIRAS FAX NO. :7864971900

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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

40002043

Principal Place of Business	Mailing Address
300 SW 107 AVE SUITE 109 MIAMI, FL 33174-1079	11500 SW 2ND ST. #106 MIAMI, FL 33174

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
13355 SW 135 Ave	5201 SW 163 Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc. miami Fl
City & State: miami Florida	City & State: miami Florida
Zip: 33186 Country: USA.	Zip: 33185 Country: USA

01032008 Chg-P CR2E034 (12/06)

4. FEI Number: 65-0842821 — Applied For / Not Applicable

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 ________________________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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 10		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	OBREBON, YAMILA R		NAME		
STREET ADDRESS	210 SW 107 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33174		CITY-ST-ZIP		
TITLE	VP	☑ Delete	TITLE		☐ Change ☐ Addition
NAME	OBREBON, OLIVER		NAME		
STREET ADDRESS	210 SW 107 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33174		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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		

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] 1/7/08 (305)2268927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #