


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000017379	
1. Entity Name ISRV, INC.	

FILED
06 SEP 25 AM 7:45

Principal Place of Business 16368 SW 15 ST PEMBROKE PINES, FL 33027	Mailing Address 16368 SW 15 ST PEMBROKE PINES, FL 33027
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2. Principal Place of Business 12260 SW 10 TERRACE Suite, Apt. #, etc.	3. Mailing Address 12260 SW 10 TERRACE Suite, Apt. #, etc.
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09192006 Chg-P CR2E034 (11/05)

City & State MIAMI FL	City & State MIAMI FL
Zip 33184	Country MIAMI-0001

4. FEI Number 65-0898109	Applied For Not Applicable
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6. Name and Address of Current Registered Agent VALDES, RIGOBERTO F 16368 SW 15 ST PEMBROKE PINES, FL 33027	
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent Name ISELE SOLAZAR Street Address (P.O. Box Number is Not Acceptable) 12260 SW 10 TERRACE City MIAMI FL Zip Code 33184	
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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: X Isele A. Salazar (NOTE: Registered Agent signature required when reinstating) DATE: 9/21/06	
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Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALDES, RIGOBERTO F 16368 SW 15 ST PEMBROKE PINES, FL 33027 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ISELE SOLAZAR 12260 SW 10 TERRACE MIAMI FL 33184 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200080268722 09/28/06--01049--011 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: X Isele A. Salazar SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	9/21/06 305-519-5823 Date Deverie Phone #