## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # P99000098944

1. Entity Name

ISACOL U.S.A. CORPORATION

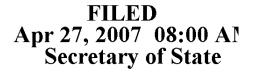
Principal Place of Business

Mailing Address

782 NW 42 AVE STE 437 MIAMI, FL 33126 **671 BILTMORE WAY** # 602

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORAL GABLES, FL 33134





## DO NOT WRITE IN THIS SPACE

01222007 No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0964895 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KURZBAN, KURZBAN, WEINGER & TETZELI, P.A. BY IRA J. KURZBAN 2650 S.W. 27TH AVE. 2ND FLOOR MIAMI, FL 33133

## DO NOT WRITE IN THIS SPACE

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 Fiorida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature: typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature (equired when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUGUSTO ROJAS, CESAR 600 BILTMORE WAY, STE. 1106 CORAL GABLES, FL 33134				U00000738627 05/11/07-80075-018 158.79
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERESA CANAL, MARIA 1075 EDMISTON PL. LONGWOOD, FL 32779				03/11/01 00013-010 130.13
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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.					