


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 26, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90084 002 \*\*\*150.00

**DOCUMENT # V23941**  
 1. Entity Name  
**ISSA INVESTMENT, INC.**



Principal Place of Business      Mailing Address  
**503 FINGER LAKES PLACE**      **503 FINGER LAKES PL**  
**SEEFNER, FL 33584 US**      **SEEFNER, FL 33584 US**

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05012006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-3123787** Applied For  Not Applicable   
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**ISSA, IBRAHIM**  
**503 FINGER LAKES PLACE**  
**SEEFNER, FL 33584**

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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 *J. Issa* DATE 6/30/06  
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**      9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**  
**After May 1, 2006 Fee will be \$550.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ISSA, IBRAHIM 503 FINGER LAKES PL. SEEFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ISSA, ITIDAL 503 FINGER LAKES PL. SEEFNER, FL 33584
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 on Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.  
 SIGNATURE: *J. Issa* DATE 6/29/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #