
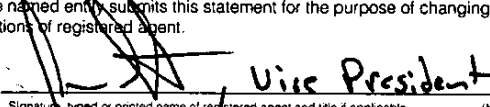
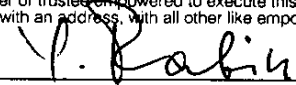


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90079 016 ****61.25

DOCUMENT # 735846 1. Entity Name ISLANDS-MARTINIQUE ASSOCIATION, INC.					
Principal Place of Business 1893 SOUTH OCEAN DRIVE HALLANDALE, FL 33009			Mailing Address 1599 NW 9TH AVE. BOCA RATON, FL 33486		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 1971 W. McNab Road Suite #12			
City & State Pompano Beach		City & State Pompano Beach		4. FEI Number 59-1236266	
Zip 33069	Country	Zip 33069	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HORIZON MAINTENACE 5618 HOLLYWOOD BLVD HOLLYWOOD, FL 33021				7. Name and Address of New Registered Agent Name Stevens + Goldwyn, P.A. Street Address (P.O. Box Number is Not Acceptable) 3800 S. Ocean Drive # 222 City Hollywood FL Zip Code 33019	
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  Vice President 2/23/2007 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HACKIN, IRVING 1893 S. OCEAN DR #705 HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Zervas, Mary 1893 S. Ocean Drive # 303 Hallendale Beach, FL 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREIN, RAUL 1893 S OCEAN DR HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Zaichick, Max 1893 S. Ocean Drive # 106 Hallendale Beach, FL 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RABIN, YURG 1803 S OCEAN DR 508 HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Rabin, Yurg 1893 S. Ocean Drive #508 Hallendale Beach, FL 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONCOS, NAIM 1893 S. OCEAN DR #409 HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Marcos, Naim 1893 S. Ocean Drive # 409 Hallendale Beach, FL 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUTMAN, GREGORY 1893 S OCEAN DR 311 HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ramos, Alex 1893 S. Ocean Drive # 504 Hallendale Beach, FL 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOTTASANTI, JOSEPH 1893 S OCEAN DR 804 HALLANDALE, FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carbone, Andra 1893 S. Ocean Drive # 310 Hallendale Beach, FL 33009	<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 617, 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: 			03/02/2007		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		