

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F33774 1. Entity Name ISLAND QUEEN SIGHTSEEING TOURS, INC.	
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Principal Place of Business 401 BISCAYNE BLVD. DOCK SLIP 2 MIAMARINA MIAMI, FL 33132 US	Mailing Address 555 NE 15 ST #102 MIAMI, FL 33132 US
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DO NOT WRITE IN THIS SPACE



01222004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2093575	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SOFGE, CHARLES 555 NE 15 ST #102 MIAMI, FL 33132
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**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 Florida. I am familiar with, and accept the obligations of registered agent.

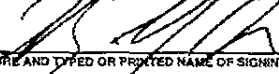
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000032055 02/04/04-80174-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SOFGE, CHARLES E 114 W SAN MARINO DR. MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SOFGE, FLORA 14708 STIRRUP LANE WELLINGTON, FL 33414
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:  1/29/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #