

ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90205 044 ***150.00

DOCUMENT # L615071. Entity Name
ISLANDIA KEY FIVE, INC.

Principal Place of Business

**180 ISLAND DRIVE
KEY BISCAVNE, FL 33149**

Mailing Address

**180 ISLAND DRIVE
KEY BISCAVNE, FL 33149****DO NOT WRITE IN THIS SPACE**

04142005 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0212742

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****8. Name and Address of Current Registered Agent****MARTINEZ-CELEIRO, FRANCISCO
180 ISLAND DRIVE
KEY BISCAVNE, FL 33149****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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MARTINEZ-CELEIRO, FRANCISCO
STREET ADDRESS	180 ISLAND DR.
CITY - ST - ZIP	KEY BISCAVNE, FL 33149

TITLE	D
NAME	MIYASHIKI, EVA
STREET ADDRESS	180 ISLAND DR.
CITY - ST - ZIP	KEY BISCAVNE, FL

TITLE	DS
NAME	FORMON, SAMUEL
STREET ADDRESS	180 ISLAND DRIVE
CITY - ST - ZIP	KEY BISCAVNE, FL 33149

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 exemption stated in Section 119.07(3)(i), 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: _____**FRANCISCO MARTINEZ CELEIRO**

04/25/2005

(305) 576-7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #