## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

## FILED May 04, 2004 8:00 am Secretary of State 05-04-2004 90198 018 \*\*\*150.00

Alan Malus 4-28-04 305-437-782L Davime Prone :

DOCUMENT #P27660												
1. Entity Nam 3000 ISL												
<b>N</b> .												
2		_	00 WE 1									
Principal Place		SOCIATES, LTD.	Mailing Address C/O WILLIAMS ISLAND ASSOCIATES, LTD.						24	0684	22	
7900 ISLAND		ISOCIATES, LTD.	7900 ISLAND BLVD						~ 1	0004	:33	
NORTH MIAM	11 Beach, Fl	. 33160	NORTH MIAMI BEACH, FL 33160				4 ( <b>8 8</b> 11 <b>8</b> 1 1) (	N ANNEA ANNO 18 MEANN ANNE MÀIR AN	ION BIBN BIBN I	BENI BINI NU		
2. Principal P	lace of Busin	iess	3. Mailing Address									
4000 Island Boulevard			4000 Island Boylevard			4		O II BSI INDIE AIII B BIIII BAII B	1 <b>8)) \$1911 416</b> 11 1		'IMMI 91 (4MB)	
Suite, Apt. #, etc. PH2			Suite, Apt. #, etc.				04262004	Chg-P	CR2E034	4 (10/03)		
City & State			City & State				4. FEI Numb	er		Ap	plied For	
Aventura, FL			Aventura, FL Zip Country				13-303	<u>9541                                    </u>			t Applicable	
<sup>Ζίρ</sup> 33τ	23160 Country USA 6. Name and Address of Current		Zip 33160	5 A	5. Certificate of Status Desired							
6. Name and Address of Current F							7. Name and Address of New Registered Agent					
MAATUR ALAM						ا مرد	llan					
MATUS, ALAN 7900 ISLAND BLVD.					Street Ad	dress (	P.O. Box Numb	er is Not Acceptable)		_		
NORTH MIAMI BEACH, FL 33160									· · · · · · · · · · · · · · · · · · ·	<del></del>		
			City			oulevard, f		Zin Cod				
					H	Hventura			FL	Zip Code 331		
8. The above named entity submits this etatement 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.												
1												
SIGNATURE    Signature, typed or printed hame of redistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   President   DATE												
A Fluxes Committee Committ												
FILE NOW!!! FEE IS \$150.00  9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.												
10.		OFFICERS AND D		11,			ADDITIONS	CHANGES TO OFFIC	ERS AND F	DIRECTOR	S IN 11	
TITLE	VAS	OFFICERS AND E	Delete		VAS		CHANGES TO OFFIC		Change	Addition		
NAME	LIEB, JAN				Liab	TAMOS	M Bis bases of D	I) ካ	_ ,	_		
STREET ADDRESS CITY-ST-ZIP	1	AND BLVD. MAMI BEACH, FL		ET ADDRESS - ST-ZIP	4000 Island Boulevard, PH2 Aventura, FL. 33160							
TITLE	AS	MAIN BEACH, I'E	D Octob	Delete TITLE			MUTA, FL	. <u> </u>		Change	☐ Addition	
NAME		CARITE L.	Delete	<u> </u>	As Torp	bey, Carit	te L.		Onlings			
STREET ADDRESS	í	AND BLVD.		ET ADDRESS	4000 Island Boukvard, PH2 Aventura, FL. 33160							
CITY-ST-ZIP	-	IIAMI BEACH, FL		TITLE	-ST-ZIP	PoD						
TITLE NAME	PSD Delete				: E				_	☐ Change	☐ Addition	
STREET ADDRESS	7900 ISLAND BLVD.				ET ADDRESS	4000	TSIAND	Boulevard,	PHA			
CITY-ST-ZIP	NO. MIAMI BEACH, FL				·ST-ZIP	Ave	ntura, F	FL 33160				
TITLE NAME			☐ Delete	TITLE	.	VP A: Avel	+ Amrac	si _		Change	Addition	
STREET ADDRESS	ĺ				et address	400	brale Z	Boulevard, F	Ha			
CITY-ST-ZIP				CITY-	-ST-ZIP	Aver	ytura, FL	33160				
TITLE			☐ Delete	TITLE		EVP			[	☐ Change	Addition	
NAME STREET ADDRESS				NAMI STRE	ET ADDRESS	4000	ς Hirsch Σisland	Boulevard, Pl	H2			
CITY-ST-ZIP					-ST-ZIP		wura, FL					
TITLE			☐ Delete	TITLE				-, <del>-</del>	[	Change	Addition	
NAME STREET ADDRESS				NAME								
CITY-ST-ZIP		AL C			ET ADDRESS -St-Zip							
12. I hereby	certify that the	e information supplied with	this filing does not qualify for	the eve	motion stat	ed in Se	ction 119.07(3)	(i), Florida Statutes. I f	urther certif	y that the ir	nformation	
of the cor	on inis repor poration or the property	rt or supplemental report is he receiver or trustee empor achment with an address	true and accurate and that report to execute this report with all pther like empowered.	ny signat as requi	ure shall h red by Cha	ave the : pter 607	same legal effe 7, Florida Statute	ct as it made under oa es; and that my name	itn; that I an appears in :	n an officer Block 10 oi	or director r Block 11 if	
viialiyau,	, or ore are alli	with an dudies? W	mir am parior like empowered.								J	