

05-04-2004 90198 018 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P27660



1. Entity Name
 3000 ISLAND BOULEVARD, INC.

Principal Place of Business C/O WILLIAMS ISLAND ASSOCIATES, LTD. 7900 ISLAND BLVD NORTH MIAMI BEACH, FL 33160	Mailing Address C/O WILLIAMS ISLAND ASSOCIATES, LTD. 7900 ISLAND BLVD NORTH MIAMI BEACH, FL 33160
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24068433



2. Principal Place of Business 4000 Island Boulevard	3. Mailing Address 4000 Island Boulevard
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Suite, Apt. #, etc. PH2	Suite, Apt. #, etc. PH2
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04262004 Chg-P CR2E034 (10/03)

City & State Aventura, FL	City & State Aventura, FL
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4. FEI Number 13-3039541	Applied For <input type="checkbox"/> Not Applicable
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Zip 33160	Country USA	Zip 33160	Country USA
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MATUS, ALAN 7900 ISLAND BLVD. NORTH MIAMI BEACH, FL 33160	7. Name and Address of New Registered Agent Name Matus, Alan Street Address (P.O. Box Number is Not Acceptable) 4000 Island Boulevard, PH2 City Aventura FL Zip Code 33160
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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: [Signature] Alan Matus 4-28-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) President 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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS LIEB, JAMES M. 7900 ISLAND BLVD. NORTH MIAMI BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS Lieb, James M 4000 Island Boulevard, PH2 Aventura, FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TORPEY, CARITE L. 7900 ISLAND BLVD. NORTH MIAMI BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Torpey, Carite L. 4000 Island Boulevard, PH2 Aventura, FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MATUS, ALAN 7900 ISLAND BLVD. NO. MIAMI BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Matus, Alan 4000 Island Boulevard, PH2 Aventura, FL 33160 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS Ayelet Amrani 4000 Island Boulevard, PH2 Aventura, FL 33160 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPAS Mark Hirsch 4000 Island Boulevard, PH2 Aventura, FL 33160 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: [Signature] Alan Matus 4-28-04 305-937-7822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #