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Mar 11, 2004 8:00 am
Secretary of State
03-11-2004 90023 014 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000056682

1. Entity Name
ISLANDIA BUILDING CORP.

Principal Place of Business	Mailing Address
7200 NE 8TH AVENUE BOCA RATON, FL 33487 US	7200 NE 8TH AVENUE BOCA RATON, FL 33487 US

03052004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
19985 Wilkinson Leas Rd	19985 Wilkinson Leas Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Taquasta Fl.	City & State: Taquasta Fl.
Zip: 33469 Country: USA	Zip: 33469 Country: USA

4. FEI Number 65-0429324 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOEBEL, DANIEL D
7200 NE 8TH AVENUE
BOCA RATON, FL 33487

7. Name and Address of New Registered Agent

Name: Goabel, Danial D.
Street Address (P.O. Box Number is Not Acceptable): 19985 Wilkinson Leas Rd.
City: Taquasta FL Zip Code: 33469

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DPS	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GOEBEL, DANIEL D		NAME	
STREET ADDRESS	7200 NE 8TH AVENUE		STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
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NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: ______________________ 3/5/04 561-441-4141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #