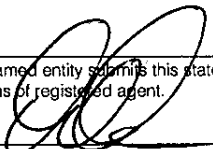
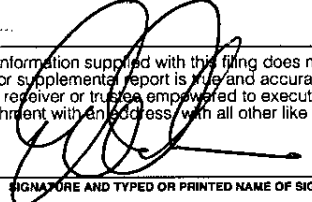


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90023 014 ***150.00

DOCUMENT # P93000056682 1. Entity Name ISLANDIA BUILDING CORP.			
Principal Place of Business 7200 NE 8TH AVENUE BOCA RATON, FL 33487 US		Mailing Address 7200 NE 8TH AVENUE BOCA RATON, FL 33487 US	
2. Principal Place of Business 19985 Wilkinson Rd Leas		3. Mailing Address 19985 Wilkinson Leas Rd	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Taguasta FL		City & State Taguasta FL	
Zip 33469		Zip 33469	
Country USA		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 Goebel, Daniel D. Street Address (P.O. Box Number is Not Acceptable) 19985 Wilkinson Leas Rd. City Taguasta 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 			
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, 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	DPS GOEBEL, DANIEL D 7200 NE 8TH AVENUE BOCA RATON, FL 33487	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	☐ Change ☐ Addition
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: 		Date 3/5/04 Daytime Phone # 561-441-4141	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			