
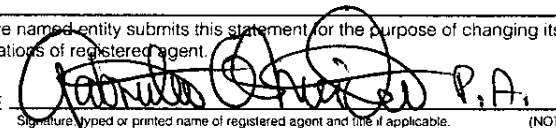


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90021 050 \*\*\*150.00

<b>DOCUMENT # 430706</b>			
1. Entity Name ISLAND RENOVATIONS, INC.			
Principal Place of Business 1405 DUVAL ST. KEY WEST FL 33040 US		Mailing Address 714 OLIVIA STREET KEY WEST FL 33040	
2. Principal Place of Business		3. Mailing Address <b>704 OLIVIA STREET</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>KEY WEST FL</b>	
Zip	Country	Zip	Country
		<b>33040</b>	<b>FLORIDA</b>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
OSTROWICKI, GABRIELE 714 OLIVIA STREET KEY WEST FL 33040		Name: <b>OSTROWICKI GABRIELE P.A.</b> Street Address (P.O. Box Number is Not Acceptable): <b>3229 FLAGLER AVE. Suite 101</b> City: <b>KEY WEST</b> FL Zip Code: <b>33040</b>	
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: 		GABRIELE OSTROWICKI MAR - 7 2004	
Signature typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	



MOORE CR2E034 (11/03)

4. FEI Number **59-2049139** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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	PD MAYER, ERWIN 714 OLIVIA STREET KEY WEST FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAYER, ERWIN S. 704 OLIVIA STREET KEY WEST, FL 33040 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORITZ, DIDIER R 714 OLIVIA STREET KEY WEST FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSTROWICKI, GABRIELE 714 OLIVIA STREET KEY WEST FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KAUFMAN, STUART M 121 W LONG LAKE RD 3RD FL BLOOMFIELD HILLS MI 48304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  ERWIN MAYER, president MAR - 7 2004 (305) 294 6691

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #