## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Mar 28, 2005 8:00 am Secretary of State

DOCU 1. Entity Na ISLAND				3-28-2005 9005	52 022 **	*150.00	)			
Principal Place of Business Mailing Address					<u>4</u>	0040079				
1405 DUVA Key West,		704 OLIVIA STREET KEY WEST, FL 33040			4 184741 818					
2. Principal	Place of Business	3. Mailing Address 1319 Duval Street								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03152005	Chg-P	CR2E03	14 (10/03)	)		
City & State		City & State Key West, FL		•	4. FEI Numb	-	·	<u> </u>	pplied For	
Zip	Country	. Zip	Country · -	-		of Status Desired		8.75 Ad	lditional	
	6. Name and Address of Current R				7. Name and	Address of New Re				
OSTROWICKI, GABRIEL P.A.				Name Matthew P. Babich						
3229 FLA	GLER AVE, SUITE 101 T. FL 33040		Street A	Address (P.O. Box Number is Not Acceptable) 1319 Duval Street						
	,				<u>.</u>					
				City Key West FL Zip Code 33040						
8. The above the obliga	e named entity submits this statement for t tions of registered agent.	he purpose of changing its r	egistered office o	r registere	ed agent, or bo	th, in the State of Flor	rida. I am fa	miliar with	, and accept	
SIGNATURE.	Wint. rolet	Matthew P. B	abich, Tr	reasur	er	3	/23/c	T.		
:	Signa ure, typed or printed name of registered agent and	1 title if applicable. (NOTE:	Registered Agent signal	ture required	when reinstating)		DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaig Trust Fund Contril		\$5.4 Adde	00 May Be ad to Fees					
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS	CHANGES TO OFFIC	CERS AND I	DIRECTOR	S IN 11	
TITLE :	PD MAYER, ERWIN	☐ Delete	TITLE NAME	V/D Mave				<b>2</b> Change	Addition	
STREET ADDRESS CITY-ST-ZIP	704 OLIVIA ST KEY WEST, FL 33040		STREET ADDRESS CITY-ST-ZIP		Washing West, F	n ton Street L 33040				
TITLE	SD	Delete	TITLE	T.				Change	<b>Z</b> Addition	
NAME STREET ADDRESS	MORITZ, DIDIER R 714 OLIVIA STREET		NAME STREET ADDRESS		ch, Mat				•	
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP		Duval West F	L 33040				
TITLE	D	Delete	TITLE	D		<u></u>		Change	Addition	
NAME STREET ADDRESS	OSTROWICKI, GABRIELE 714 OLIVIA STREET		NAME Street address	Dale	G. Ran	ds				
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP	121   Bloc	w. Long mfield	Lake Rd., Hills, MI 4	Bank Bank	oor		
TITLE	٧ī	☐ Delete	TITLE	P/D		111		M Change	L Addition	
NAME STREET ADDRESS	KAUFMAN, STUART M 121 W LONG LAKE RD 3RD FL		NAME STREET ADDRESS	Stua	rt M. K	aufman_			-	
CITY-ST-ZP	BLOOMFIELD HILLS, MI 48304		CITY-ST-ZIP	121   Bloc	W. Long mfield	Lake Rd., Hills, MI 4	3rd Fl	oor		
TITLE		☐ Delete	TITLE					Change	☐ Addition	
NAME STREET ADDRESS			NAME CTREET APPROVES	]			•	•		
CITY-ST-ZIP	,	:	STREET ADDRESS CITY-ST-ZIP	1			-			
TITLE		☐ Defete	TITLE	<u> </u>		<del>`</del>		Change	☐ Addition	
NAME	l '-		NAME	I			-	•		

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: \_

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF MANTED NAME OF SIGNING OFFICER OR DIRECTOR Stuart M. Kaufman