

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 14, 2003 8:00 am
Secretary of State

03-14-2003 90052 009 ***150.00

DOCUMENT # 430706

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2049139**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2003 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	PD	<input type="checkbox"/> Delete
NAME	MAYER, ERWIN S	
STREET ADDRESS	714 OLIVIA STREET	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MORITZ, DIDIER R	
STREET ADDRESS	714 OLIVIA STREET	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input type="checkbox"/> Delete
NAME	OSTROWICKI, GABRIELE	
STREET ADDRESS	714 OLIVIA STREET	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	VT	<input type="checkbox"/> Delete
NAME	KAUFMAN, STUART M	
STREET ADDRESS	121 W LONG LAKE RD 3RD FL	
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Erwin S Mayer SIGNATURE **ERWIN S MAYER, PRESIDENT** MAR 10 2003 (305) 294 6691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)