

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90198 006 \*\*\*150.00

**DOCUMENT # 692506**

1. Entity Name  
**WILLIAMS ISLAND REALTY CORP.**



Principal Place of Business  
**7900 ISLAND BLVD.  
NORTH MIAMI BEACH, FL 33160**

Mailing Address  
**7900 ISLAND BLVD.  
NORTH MIAMI BEACH, FL 33160**

**24068443**

2. Principal Place of Business  
**4000 ISLAND BOULEVARD**

3. Mailing Address  
**4000 ISLAND BOULEVARD**

Suite, Apt. #, etc.  
**PH 2**

City & State  
**AVENTURA FL**

Zip  
**33160**

Country  
**USA**



04262004 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2118374**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**MATUS, ALAN  
7900 ISLAND BLVD.  
N. MIAMI BEACH, FL 33160**

7. Name and Address of New Registered Agent  
Name  
**MATUS, ALAN**  
Street Address (P.O. Box Number is Not Acceptable)  
**4000 ISLAND BOULEVARD, PH 2**  
City  
**AVENTURA FL** Zip Code  
**33160**

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 **Alan Matus** **4-28-04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **President** 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	<b>DPS MATUS, ALAN 7900 ISLAND BLVD. NORTH MIAMI BEACH, FL</b> <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	<b>VP MATUS, JOE 7900 ISLAND BOULEVARD NORTH MIAMI BEACH, FL 33160</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP MATUS, JOEL 7900 ISLAND BOULEVARD AVENTURA, FL 33160</b> <input checked="" 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
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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: **Alan Matus** **4-28-04** **305-937-7826**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #