2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2008
Secretary of State

DOCUMENT# F57490

Entity Name: 4000 ISLAND BOULEVARD, INC.

Current Principal Place of Business:

4000 ISLAND BLVD., PH2
NORTH MIAMI BEACH, FL 33160

New Principal Place of Business:

4000 ISLAND BLVD., PH2
AVENTURA, FL 33160

Current Mailing Address:

4000 ISLAND BLVD., PH2
NORTH MIAMI BEACH, FL 33160

New Mailing Address:

4000 ISLAND BLVD., PH2
AVENTURA, FL 33160

FEI Number: 58-1459734 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICES COMPANY
1201 HAYES STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: MATUS, ALAN,
Address: 4000 ISLAND BLVD., PH2
City-St-Zip: NORTH MIAMI BEACH, FL

Title: AS ( ) Delete
Name: TORPEY, CARITE
Address: 4000 ISLAND BLVD., PH2
City-St-Zip: NORTH MIAMI BEACH, FL

Title: EVAS ( ) Delete
Name: LEIB, JAMES M
Address: 4000 ISLAND BLVD., PH2
City-St-Zip: N. MIAMI BEACH, FL

Title: EVAS ( ) Delete
Name: HIRSCH, MARK
Address: 4000 ISLAND BLVD., PH2
City-St-Zip: N. MIAMI BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: MATUS, ALAN,
Address: 4000 ISLAND BLVD., PH2
City-St-Zip: AVENTURA, FL 33160

Title: AS (X) Change ( ) Addition
Name: TORPEY, CARITE
Address: 4000 ISLAND BLVD., PH2
City-St-Zip: AVENTURA, FL 33160

Title: EVAS (X) Change ( ) Addition
Name: LEIB, JAMES M
Address: 4000 ISLAND BLVD., PH2
City-St-Zip: AVENTURA, FL 33160

Title: EVAS (X) Change ( ) Addition
Name: HIRSCH, MARK
Address: 4000 ISLAND BLVD., PH2
City-St-Zip: AVENTURA, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN MATUS PSD 04/08/2008

Electronic Signature of Signing Officer or Director Date