

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90003 028 ***158.75

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1. Entity Name

ISLAND T-SHIRT LIMITED, INC.



Principal Place of Business

12717 WEST SUNRISE BLVD. #422
SUNRISE FL 33323

Mailing Address

12717 WEST SUNRISE BLVD. #422
SUNRISE FL 33323

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

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

ESPIZUA, ANGELICA
CENTURY VILLAGE
438 RICHMOND E.
DEERFIELD BEACH FL 33442

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PC
CATES, JAMES E
BAY STREET & EAST STREET/ PO BOX 6327
NASSAU, BAHAMAS



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



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CITY-ST-ZIP



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STREET ADDRESS
CITY-ST-ZIP



TITLE
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CITY-ST-ZIP



11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



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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:

Angelica Espiza REGISTERED AGENT 3/1/04 (954) 846-0005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #