2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 04, 2004 8:00 am Secretary of State 05-04-2004 90198 019 ***150.00

DOCUMENT # F96000002256									03-04-2004	190198 (1191	30.00	
WILLIAMS ISLAND HOLDINGS, INC.													
Principal Place of Business 7900 ISLAND BLVD. NORTH MIAMI BEACH, FL 33160				Mailing Address 7900 ISLAND BLVD. NORTH MIAMI BEACH	60				2406	8432	}		
2. Principal Place of Business 4000 TSLAND BOULEVARD				3. Mailing Address 4000 ISLAND BOULEVARD									
Suite, Apt. #, etc. PH 2				Suite, Apt. #, etc. PH 2				04262004	Chg-P	CR2E03	14 (10/03)		
City & State AVENTURA, FL				City & State AVENTURA, FL				4. FEI Numb				oplied For	
Zip	<u> </u>			Zip 33 /60	Countr			5. Certificate of Status Desired		\$8.75 Additional Fee Required			
6. Name and Address of Current F			rent Reg	egistered Agent			7. Name and Address of New Regist						
MATUS, ALAN 7900 ISLAND BLVD. NORTH MIAMI BEACH, FL 33160							Name MRTUS, ALAN Street Address (P.O. Box Number is Not Acceptable) 4000 ISLAND BOULEVARD, PH 2						
							City				·		
9. The charge parties as herita this start that							AVENTURA			FL Zip Code 33 160			
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) EV Project DATE													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees													
10.	1	OFFICERS	AND DIR		11.		,	ADDITIONS	CHANGES TO OFFIC	CERS AND	DIRECTOR	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	1	EDDIE AND BLVD. MIAMI BEACH, FL		☐ Delete							☐ Change	☐ Addition	
TITLE	ESD			☐ Delete		ENP,	AS	M		Change	Addition		
NAME STREET ADDRESS CITY-ST-ZIP	LIEB, JAN 7900 ISL NORTH N		E ET ADDRESS - ST-ZIP	4000	JAMES ISLAND NTURA	BLVD , PH2 , FL , 33160							
TITLE	C Delete TITLE						cocs	0		•	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	4000 ISLAND BLVD.					E ET ADDRESS -St-zip	4000		US D BLVD , PH: FL 33160	2			
TITLE	EVPD			☐ Delete	TITL	<u> </u>	EV P		16 33 100		★ Change	☐ Addition	
NAME	MATUS,				NAM	_	MAT	US , ALAN	- D. 45 047)	•	_	
STREET ADDRESS CITY-ST-ZIP	7900 ISLAND BLVD STREE NORTH MIAMI BCH, FL CITY-								BLVD, PH2 FL , 33160				
TITLE	AVP	WINTENNESCH, TE		□ Delete	TITLE			AS AT	FL , 35 /60		Change	☐ Addition	
NAME	TORPEY	, CARITE		_ boloto	NAM		TOR	PEY, CARI	TE		Change		
STREET ADDRESS	7900 ISLAND BOULEVARD								SLVD , PH 2				
CITY-ST-ZIP	NORTH	MIAMI BEACH, FL	<i>ა</i> კ160		_	-ST-ZIP			FL ,33160		E	—	
TITLE NAME				☐ Delete	TITLE		EVPS	CH, MAF	e k		Change	Addition	
STREET ADDRESS						ET ADDRESS	Anno	ISUAN	ID BWD , PH'	2			
CITY-ST-ZIP					CITY	-ST-ZIP	AVE	NTURA	FL , 33160				
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.													

Alan Madus

4-28-64

305-937-1876