

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002256

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: WILLIAMS ISLAND HOLDINGS, INC.

## Current Principal Place of Business:

4000 ISLAND BLVD PH2  
NORTH MIAMI BEACH, FL 33160

## New Principal Place of Business:

## Current Mailing Address:

4000 ISLAND BLVD PH2  
NORTH MIAMI BEACH, FL 33160

## New Mailing Address:

FEI Number: 65-0665393

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MATUS, ALAN  
4000 ISLAND BLVD PH2  
NORTH MIAMI BEACH, FL 33160 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: COCD ( ) Delete  
Name: TRUMP, EDDIE  
Address: 4000 ISLAND BLVD.  
City-St-Zip: NORTH MIAMI BEACH, FL

Title: EVAS ( ) Delete  
Name: LIEB, JAMES M  
Address: 4000 ISLAND BLVD PH2  
City-St-Zip: NORTH MIAMI BEACH, FL 33130

Title: COCD ( ) Delete  
Name: TRUMP, JULIUS  
Address: 4000 ISLAND BLVD PH2  
City-St-Zip: NORTH MIAMI BEACH, FL

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

Title: AVP ( ) Delete  
Name: TORPEY, CARITE  
Address: 4000 ISLAND BLVD PH2  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: EVPS ( ) Delete  
Name: HIRSCH, MARK  
Address: 4000 ISLAND BLVD PH2  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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

EVPD

04/29/2005

Electronic Signature of Signing Officer or Director

Date