2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L37693

Name:

Address:

City-St-Zip:

() Delete

JARRETT, SANDRA

576 S. ORLEANS

TAMPA, FL 33606

FILED Apr 29, 2009 Secretary of State

							,	
Entity Nan	ne: ISLANI	RESTA	URANTS, INC.					
Current Principal Place of Business:					New Principal Place of Business:			
	OSEVELT E , FL 33040							
Current Mailing Address:					New Mailing Address:			
750 NE 7TI DANIA BEA	H AVENUE ACH, FL 33	004 U	IS					
FEI Number:	59-2990259	FEIN	lumber Applied For()	FEI Nur	nber Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
SKRLD INC 201 ALHAMBRA CIR STE 1102 CORAL GABLES, FL 33134 US					SKRLD INC 201 ALHAMBRA CIRICEL STE 1102 CORAL GABLES, FL 33134 US			
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:					04/29/2009			
Electronic Signature of Registered Agent					Date			
Election Campaign Financing Trust Fund Contribution ().								
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	VD LEWIS, THO 750 NE 7TH DANIA BEAC	AVENUE	004		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	SPOTTSWO 500 FLEMIN	G ST			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	S	() Delete			Title:	S	(X) Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: SHARON GOLDSTEIN **CNTR** 04/29/2009

(X) Change () Addition

JARRETT, SANDRA

516 S. ORLEANS

TAMPA, FL 33606