


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L61507 1. Entity Name ISLANDIA KEY FIVE, INC.	
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Principal Place of Business 180 ISLAND DRIVE KEY BISCAVNE, FL 33149	Mailing Address 180 ISLAND DRIVE KEY BISCAVNE, FL 33149
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DO NOT WRITE IN THIS SPACE



04112008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0212742	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MARTINEZ-MIYASHIKI, FRANCISCO M 555 NE 15TH STREET SUITE #934 MIAMI, FL 33132

DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARTINEZ-CELEIRO, FRANCISCO 180 ISLAND DR. KEY BISCAVNE, FL 33149
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MIYASHIKI, EVA 180 ISLAND DR. KEY BISCAVNE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS FORMON, SAMUEL 180 ISLAND DRIVE KEY BISCAVNE, FL 33149
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U00000909383 05/06/08-80068-011 150.00</p> DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 which I am not empowered.

SIGNATURE:  FRANCISCO MARTINEZ C. 4/16/08 (305) 571-5050	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>DATE</small>	<small>Daytime Phone #</small>
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