

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000079411	
1. Entity Name ISLA BONITA CORPORATION	



Principal Place of Business 150 ALHAMBRA CIRCLE SUITE 1270 CORAL GABLES, FL 33134	Mailing Address 150 ALHAMBRA CIRCLE SUITE 1270 CORAL GABLES, FL 33134
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FILED

04 JUN -2 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03262003 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1033983	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent EVANS, LAWRENCE S ESQ. 150 ALHAMBRA CIRCLE SUITE 1270 CORAL GABLES, FL 33134	
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**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 200037724392 06/07/04--01051--003 **150.00

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	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 NISSOLA, CLAUMARY 150 ALHAMBRA CIRCLE SUITE 1270 CORAL GABLES, FL 33134
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IN THIS SPACE**

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: <u>Clamary Nissola</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>5/19/04</u> Daytime Phone # <u>305-448-4880</u>