2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 27, 2004 8:00 am Secretary of State DOCUMENT # P01000059598 1. Entity Name 05-27-2004 90016 042 ***550.00 ISLAND BUILDING SUPPLY, INC. Principal Place of Business Mailing Address 711 E OKEECHOBEE ROAD 711 E OKEECHOBEE ROAD HIALEAH FL 33010 HIALEAH FL 33010 24077259 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE City & State City & State 4. FEI Number Applied For 65-1113293 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent الجارات أبيت بالمستدانة الإنسان والأ CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code 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) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 TITLE TITLE ☐ Change ☐ Addition **D**elete PASCAL, EVELYN L NAME NAME 359 SW 164 AVE STREET AÚDRESS STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33027 CITY-ST-ZIP PRESIDENT ISECRETORY TITLE ☐ Delete TITLE Change ☐ Addition DOVID P. LOPEZ NAME LOPEZ, DAVID P NAME 1281 NIGHTINGDLE AVE STREET ADDRESS 1281 NIGHTINGALE AVE. STREET ADDRESS CITY-ST-ZIP MIAMI SPRINGS FL 33166 CITY-ST-ZIP MIAMI SPRINGS VICE PRESIDENT Delete TITLE Change ☐ Addition maeiz G. topez ==== LOPEZ MARK NAME 1281 NIGHTINGALE DUF STREET ADDRESS 1281 NIGHTINGALE AVE. STREET ADDRESS CITY-ST-ZIP MIAMI SPRINGS FL 33166 CITY-ST-ZIP MIAMI SPAINGS, FL 33166 TRENSURER TITLE TITLE Addition ☐ Delete LOREN A. FRAUTE NAME NAME 4670 W. 13 LN. APT 203 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP HIALEDH, FL 33012 TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change Defete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby certify that the information : his 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:

FILED