

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000108664

1. Entity Name  
ISLAND TREASURES OF THE EARTH, INC.



2. Local Place of Business

5701 N W 7 ST  
MIAMI, FL 33126

Mailing Address

7513 LOCH NESS DRIVE  
HIALEAH, FL 33014



01302007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1154126

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEDINA, LUIS A  
7513 LOCHNESS DR.  
MIAMI LAKES, FL 33014

**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

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**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

NAME  
D  
MEDINA, LUIS A  
STREET ADDRESS  
7513 LOCHNESS DR.  
CITY-STATE-ZIP  
MIAMI LAKES, FL 33014

NAME  
D  
MEDINA, BERTA E.  
STREET ADDRESS  
7513 LOCHNESS DR.  
CITY-STATE-ZIP  
MIAMI LAKES, FL 33014

NAME  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

NAME  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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STREET ADDRESS  
CITY-STATE-ZIP

NAME  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

1100000630798  
02/20/07-80021-013 150.00

**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, with all other like empowered.

SIGNATURE:

*Berta E Medina*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-30-07

Date

Daytime Phone #