


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90190 019 \*\*\*150.00

<b>DOCUMENT # P02000009370</b> 1. Entity Name <b>ISLAND BAMBOO INC.</b>					
Principal Place of Business <b>POST OFFICE BOX 1808 TAVERNIER, FL 33070</b>			Mailing Address <b>POST OFFICE BOX 1808 TAVERNIER, FL 33070</b>		
2. Principal Place of Business <i>x 1362 SE 16th Ave</i>			3. Mailing Address Suite, Apt. #, etc.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City/State <b>HOMESTEAD, FL</b>			City & State		
Zip <b>33035</b>		Country <b>DADE</b>		Zip	
Country		Country		4. FEI Number <b>75-2995345</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>IGNACIO, JOSEPH C 88887 OLD HIGHWAY TAVERNIER, FL 33070</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>x 1362 SE 16th Ave</i> City <b>HOMESTEAD</b> <b>FL</b> <b>33035</b>		
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. <div style="display: flex; justify-content: space-between;"> <div>           SIGNATURE <i>[Signature]</i>  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div> <b>4/30/04</b>  <small>DATE</small> </div> </div>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD IGNACIO, JOSEPH C 88887 OLD HIGHWAY TAVERNIER, FL 33070	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD IGNACIO, JOSEPH C 1362 SE. 16TH AVE HOMESTEAD, FL 33035
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/30/04</b> <small>Date Daytime Phone #</small>		