


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000053916</b> 1. Entity Name <b>SUN ISLAND HOLIDAYS, INC.</b>	
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Principal Place of Business <b>4731 W. ATLANTIC AVENUE BUILDING B - SUITE 18 DELRAY BEACH, FL 33445</b>	Mailing Address <b>4731 W. ATLANTIC AVENUE BUILDING B - SUITE 18 DELRAY BEACH, FL 33445</b>
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**DO NOT WRITE IN THIS SPACE**



07052005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>11-3067215</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>LAZAROWITZ, JERRY 4731 W. ATLANTIC AVENUE BUILDING B - SUITE 18 DELRAY BEACH, FL 33445</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small> <b>07/11/05-80807-008 150.00</b>
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P LAZAROWITZ, JERRY 7409 LAHANA CIR. BOYNTON BEACH, FL 33437</b>
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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.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>7/7/05</b> <small>Date</small>	<b>361 499 3777</b> <small>Days/e Phone</small>
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