

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000009113

FILED  
Feb 28, 2005  
Secretary of State

Entity Name: FANTASY ISLAND GROUP ONE, INC.

## Current Principal Place of Business:

2365 NE 214 STREET  
MIAMI, FL 33180

## New Principal Place of Business:

## Current Mailing Address:

2365 NE 214 STREET  
MIAMI, FL 33180

## New Mailing Address:

FEI Number: 84-1623591

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COPPENS, MARINA B  
2365 NE 214 STREET  
MIAMI, FL 33180 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: COPPENS, MARINA B  
Address: 2365 NE 214 STREET  
City-St-Zip: MIAMI, FL 33180

Title: VPD ( ) Delete  
Name: COPPENS, RUDY L  
Address: 2365 NE 214 STREET  
City-St-Zip: MIAMI, FL 33180

Title: SD ( ) Delete  
Name: BEKER, GALINA  
Address: 231-174TH STREET, STE 1614  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARINA COPPENS

PRES

02/28/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date