2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/10/2004-90001-016-$158.75-$158.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 OCT 14 AM 8:00

DOCUMENT # P03000123064

1. Entity Name
ISLAND NATIONS, INC.

Principal Place of Business	Mailing Address
2640 NE 135TH ST #210 N MIAMI, FL 33181	2640 NE 135TH ST #210 N MIAMI, FL 33181

08112004 Chg-P CR2E034 (10/03) MRD

2. Principal Place of Business	3. Mailing Address
412 OCEAN DRIVE	412 OCEAN DRIVE
Suite, Apt. #, etc.: #14	Suite, Apt. #, etc.: #14
City & State: MIAMI BEACH, FLORIDA	City & State: MIAMI BEACH, FL
Zip: 33139 Country: USA	Zip: 33139 Country: USA

4. FEI Number 20-0701384 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARPENTER, BENJAMIN A
2640 NE 135TH ST #210
N MIAMI, FL 33181

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 412 OCEAN DRIVE
#14
City MIAMI BEACH FL Zip Code 33139

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 ____________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARPENTER, BENJAMIN A 2640 NE 135TH ST #210 N MIAMI, FL 33181 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 412 OCEAN DRIVE #14 MIAMI BEACH, FL. 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: ____________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #