


**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90219 029 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P03000128560</b> 1. Entity Name <b>ISLAND AVIATION HOLDINGS INC</b>					
Principal Place of Business <b>18950 NW 27 AVE, APT 204          MIAMI, FL 33066</b>				Mailing Address <b>18950 NW 27 AVE, APT 204          MIAMI, FL 33066</b>	
2. Principal Place of Business <b>2300 Desoto Drive</b> Suite, Apt. #, etc.				3. Mailing Address <b>2300 Desoto Drive</b> Suite, Apt. #, etc.	
City & State <b>MIRAMAR FL</b>				City & State <b>MIRAMAR FL</b>	
Zip <b>33023</b>		Country <b>USA</b>		4. FEI Number <b>59-3774732</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>WILLIAMS, ANDREW R          18950 NW 27 AVE, APT 204          MIAMI, FL 33066</b>				7. Name and Address of New Registered Agent Name <b>ANDREW WILLIAMS</b> Street Address (P.O. Box Number is Not Acceptable) <b>2300 Desoto Drive</b> City <b>MIRAMAR</b> FL Zip Code <b>33023</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.  SIGNATURE: <i>Andrew R. Williams</i> DATE: <b>04/18/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2005 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>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <b>WILLIAMS, ANDREW R          18950 NW 27 AVE, APT 204          MIAMI, FL 33066</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT          ALICIA PARCHEMENT          2300 Desoto Drive          MIRAMAR, FL 33023</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>A. Parchment</i>			DATE: <b>04/18/05</b> <b>954-961-3580</b>		

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04182005 Chg-P CR2E034 (10/03)