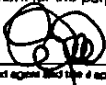
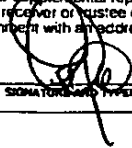


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90171 021 \*\*\*158.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                        |                                                                                                                 |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # P04000079742</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                        |                                |                                                                   |
| 1. Entity Name<br><b>ISLAND GIRL OF KEY BISCAYNE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                        |                                                                                                                 |                                                                   |
| Principal Place of Business<br><b>330 ATLANTIC ROAD<br/>KEY BISCAYNE, FL 33149 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                        | Mailing Address<br><b>330 ATLANTIC ROAD<br/>KEY BISCAYNE, FL 33149 US</b>                                       |                                                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                        | 3. Mailing Address                                                                                              |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                        | Suite, Apt. #, etc.                                                                                             |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                        | City & State                                                                                                    |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                | Zip                                                                                                             | Country                                                           |
| 4. FEI Number<br><b>20-2734071</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                        | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable                      |                                                                   |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                        | \$8.75 Additional Fee Required                                                                                  |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>DZIURA, CYNTHIA<br/>330 ATLANTIC ROAD<br/>KEY BISCAYNE, FL 33149</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                        | 7. Name and Address of New Registered Agent                                                                     |                                                                   |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                        | Name                                                                                                            |                                                                   |
| Street Address (P.O. Box Number is Not Acceptable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                        | Street Address (P.O. Box Number is Not Acceptable)                                                              |                                                                   |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                        | City                                                                                                            |                                                                   |
| FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                        | Zip Code                                                                                                        |                                                                   |
| 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: <b>4/25/2005</b>                                                                                          |                                                                   |
| Signature, typed or printed name of registered agent and fee if applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                        | (NOTE: Registered Agent signature required when re-registering)                                                 |                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$350.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                        | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                        | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                           |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | P.S.<br>DZIURA, CYNTHIA<br>330 ATLANTIC ROAD<br>KEY BISCAYNE, FL 33149 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                        | <b>CYNTHIA DZIURA</b><br>Date: <b>4/5/2005</b><br>Daytime Phone: <b>(305) 6078809</b>                           |                                                                   |
| Signature, typed or printed name of signing officer or director                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                        | Date                                                                                                            |                                                                   |

66014338



04082006 Chg-P CR2E034 (10/03)

ATTACHMENT

#P04000079742

Use 20-2734071 66014338

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Form SS-4</b><br>(Rev. December 2001)<br>Department of the Treasury<br>Internal Revenue Service                                                                                                                                                                                                                                                                                                                                                           |  | <b>Application for Employer Identification Number</b><br>(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)<br>▶ See separate instructions for each line. ▶ Keep a copy for your records.                              |  | <b>EIN</b><br>20-2734071<br>OMB No. 1545-0003                                                                                                                                                                                                                  |  |
| 1* Legal name of entity (or individual, for whom the EIN is being requested)<br>ISLAND GIRL OF KEY BISCAYNE INC                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                |  |
| 2 Trade name of business (if different from name on line 1)                                                                                                                                                                                                                                                                                                                                                                                                  |  | 3 Executor, trustee, "care of" name                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                |  |
| 4a* Mailing address (room, apt., suite no., and street, or P.O. box)<br>330 ATLANTIC ROAD                                                                                                                                                                                                                                                                                                                                                                    |  | 5a Street address (if different) (Do not enter a P.O. box)                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                |  |
| 4b* City, state, and ZIP code<br>KEY BISCAYNE FL 33149                                                                                                                                                                                                                                                                                                                                                                                                       |  | 5b City, state, and ZIP code                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                |  |
| 6* Country and state where principal business is located<br>Country MIAMI State FL                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                |  |
| 7a* Name of principal officer, general partner, grantor, owner, or trustor<br>- CYNTHIA OZURA                                                                                                                                                                                                                                                                                                                                                                |  | 7b* SSN, ITIN, BN<br>362-45-3223                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                |  |
| 8a* Type of entity (check only one)<br><input type="checkbox"/> Sole proprietor (SSN)<br><input type="checkbox"/> Partnership<br><input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ 1120<br><input type="checkbox"/> Personal Service<br><input type="checkbox"/> Church or church-controlled organization<br><input type="checkbox"/> Other nonprofit organization (specify) ▶<br><input type="checkbox"/> Other (specify) ▶ |  | <input type="checkbox"/> Estate (SSN of decedent)<br><input type="checkbox"/> Plan administrator (SSN)<br><input type="checkbox"/> Trust (SSN of grantor)<br><input type="checkbox"/> National Guard<br><input type="checkbox"/> Farmers' cooperative<br><input type="checkbox"/> REMIC<br>Group Exemption NO. (GEN) ▶           |  | <input type="checkbox"/> State/local government<br><input type="checkbox"/> Federal government/military<br><input type="checkbox"/> Indian tribal government/enterprises                                                                                       |  |
| 8b* If a corporation, name the state or foreign country (if applicable) where incorporated                                                                                                                                                                                                                                                                                                                                                                   |  | State<br>FL                                                                                                                                                                                                                                                                                                                      |  | Foreign country                                                                                                                                                                                                                                                |  |
| 9* Reason for applying (check only one)<br><input checked="" type="checkbox"/> Started new business (specify type):<br>RETAIL CLOTHING<br><input type="checkbox"/> Hired employees (Check the box and see line 12)<br><input type="checkbox"/> Compliance with IRS withholding regulations<br><input type="checkbox"/> Other (specify) ▶                                                                                                                     |  | <input type="checkbox"/> Banking purpose (specify purpose) ▶<br><input type="checkbox"/> Changed type of organization (specify new type) ▶<br><input type="checkbox"/> Purchased going business<br><input type="checkbox"/> Created a trust (specify type) ▶<br><input type="checkbox"/> Created a pension plan (specify type) ▶ |  |                                                                                                                                                                                                                                                                |  |
| 10* Date business started or acquired (month, day, year)<br>MAY 18 2004                                                                                                                                                                                                                                                                                                                                                                                      |  | 11* Closing month of accounting year<br>DEC                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                |  |
| 12 First date wages or annuities were paid or will be paid (month, day, year) Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                |  |
| 13 Highest number of employees expected in the next twelve months Note: If the applicant does not expect to have any employees during the period, enter "0" ▶                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                  |  | Agriculture Household Other                                                                                                                                                                                                                                    |  |
| 14* Check box that best describes the principal activity of your business<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Real estate<br><input type="checkbox"/> Other (specify) ▶                                                                                                                                                                                                                                                     |  | <input type="checkbox"/> Rental & leasing<br><input type="checkbox"/> Transportation & warehousing<br><input type="checkbox"/> Finance & insurance                                                                                                                                                                               |  | <input type="checkbox"/> Health care & social assistance<br><input type="checkbox"/> Accommodation & food service<br><input checked="" type="checkbox"/> Retail<br><input type="checkbox"/> Wholesale agent/broker<br><input type="checkbox"/> Wholesale-other |  |
| 15* Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.<br>CLOTHING                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                |  |
| 16a* Has the applicant ever applied for an employer identification number for this or any other business? Yes No                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                |  |
| Note: If "Yes" please complete lines 16b and 16c                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                |  |
| 16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.<br>Legal name ▶<br>Trade name ▶                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                |  |
| 16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.<br>Approximate date when filed (month, day, year)                                                                                                                                                                                                                                                                    |  | City and state where filed                                                                                                                                                                                                                                                                                                       |  | Previous EIN                                                                                                                                                                                                                                                   |  |
| Third Party Designee<br>Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.<br>Designee's name<br>Address and ZIP code<br>Designee's telephone number (include area code)<br>( ) -<br>Designee's fax number (include area code)<br>( ) -                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                |  |
| Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.<br>Name and title (type or print clearly)                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                  |  | Applicant's telephone number (include area code)                                                                                                                                                                                                               |  |