


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000088295 1. Entity Name FISHER ISLAND DEVELOPMENT & INVESTMENTS, INC.	
--	---

Principal Place of Business 16105 N.E. 18TH AVENUE NORTH MIAMI BEACH, FL 33162	Mailing Address 16105 N.E. 18TH AVENUE NORTH MIAMI BEACH, FL 33162
--	--



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1262265	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent RONES, VICTOR K 16105 N.E. 18TH AVENUE NORTH MIAMI BEACH, FL 33162

**DO NOT WRITE
IN THIS SPACE**

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: _____ (NOTE: Registered Agent signature required when re-issuing) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILIGATO, JOSEPH 7771 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUERCIO, THOMAS 7771 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILO, JENNIFER 7771 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000442262
10/14/06-80011-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another like empowered.

SIGNATURE: X  JOSEPH SILIGATO 2/9/06 7865545252