

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000139730

Entity Name: FISHER ISLAND INVESTMENTS, INC.

FILED  
Apr 14, 2009  
Secretary of State

## Current Principal Place of Business:

ONE FISHER ISLAND DRIVE  
FISHER ISLAND, FL 33109

## New Principal Place of Business:

## Current Mailing Address:

ONE FISHER ISLAND DRIVE  
FISHER ISLAND, FL 33109

## New Mailing Address:

FEI Number: 20-1953574      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

REBAK, JOSEPH L  
1441 BRICKELL AVENUE, 15TH FLOOR  
MIAMI, FL 33131 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: C/D ( ) Delete  
Name: KAY, JOSEPH  
Address: ONE FISHER ISLAND DRIVE  
City-St-Zip: FISHER ISLAND, FL 33109 US

Title: P/T ( ) Delete  
Name: SOSA, ROBERTO A  
Address: ONE FISHER ISLAND DRIVE  
City-St-Zip: FISHER ISLAND, FL 33109 US

Title: VP (X) Delete  
Name: SILVA, GAELE  
Address: ONE FISHER ISLAND DRIVE  
City-St-Zip: FISHER ISLAND, FL 33109 US

Title: S ( ) Delete  
Name: DIEUDE, CARINE  
Address: ONE FISHER ISLAND DRIVE  
City-St-Zip: FISHER ISLAND, FL 33109 US

Title: ID ( ) Delete  
Name: HAY, SUZANNE M  
Address: 2711 CENTERVILLE ROAD, SUITE 400  
City-St-Zip: WILMINGTON, DE 19808 US

## 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:

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 exemption stated 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 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: ROBERTO A SOSA

P

04/14/2009

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

\_\_\_\_\_  
Date