


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 10, 2007 8:00 am
Secretary of State

09-10-2007 90005 022 ***150.00

DOCUMENT # P05000035396 1. Entity Name ISLAND PARTY CELEBRATION CORPORATION	
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Principal Place of Business 580 EAST 48TH STREET HIALEAH, FL 33013	Mailing Address 580 EAST 48TH STREET HIALEAH, FL 33013
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DO NOT WRITE IN THIS SPACE



09052007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2459579	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MONTOYA, JOSE
580 EAST 48TH STREET
HIALEAH, FL 33013**

**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: *Jose Montoya* (NOTE: Registered Agent signature required when reinstating) DATE: 9-5-07

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONTOYA, JOSE 580 EAST 48TH STREET HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MONTOYA, MELVYN 580 EAST 48TH STREET HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MONTOYA, JOE 580 EAST 48TH STREET HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 all other like empowered.

SIGNATURE: *Jose Montoya* DATE: 9-5-07

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