



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000106093</b> 1. Entity Name ISLA WHOLESALERS, INC.	
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Principal Place of Business 10321 FORTUNE PARKWAY JACKSONVILLE, FL 32256	Mailing Address 10321 FORTUNE PARKWAY JACKSONVILLE, FL 32256
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**DO NOT WRITE IN THIS SPACE**

  
01162007 No Chg-P CR2E034 (11/05)  
4. FEI Number  
20-3243820  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
Applied For  
Not Applicable

6. Name and Address of Current Registered Agent  
BSPA CORPORATE SERVICES, INC.  
350 E. LAS OLAS BOULEVARD  
SUITE 1000  
FORT LAUDERDALE, FL 33301

**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 reinstating)  
Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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	P HONIG, DAVID 8542 HEATHER RUN DR N JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HONIG, ALAN 10321 FORTUNE PKWY JACKSONVILLE, FL 32256
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U00000715662  
04/27/07-80074-002 150.00  
**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 all other like empowered.  
SIGNATURE: DAVID HONIG 4/11/07 904.781.5034  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #