

Apr-16-08 06:26P CSA INC.

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jun 23, 2008 8:00 am
Secretary of State

05-02-2008 90121 026 ***150.00

DOCUMENT # P0700063080			
1. Entity Name ISLAND FINANCIAL BROKERS INC.			
Principal Place of Business 8600 S OCEAN DRIVE STE 301 JENSEN BEACH FL 34957		Mailing Address 8600 S OCEAN DRIVE STE 301 JENSEN BEACH FL 34957	
2. Principal Place of Business - No P.O. Box # 1465 FARRINGTON CIR		3. Mailing Address 1465 FARRINGTON CIR	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State HEATHROW FL		City & State HEATHROW FL	
Zip 32746		Country Spain	
4. FEI Number 30-0489535		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee (Required)	
5. Name and Address of Current Registered Agent DAVIDSON, ROY 8600 S OCEAN DRIVE STE 301 JENSEN BEACH FL 34957		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity certifies 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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election (Corporate) Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
OFFICER NAME STREET ADDRESS CITY ST ZIP DP DAVIDSON, ROY 8600 S OCEAN DRIVE STE 301 JENSEN BEACH FL 34957		TITLE NAME STREET ADDRESS CITY ST ZIP 1465 FARRINGTON CIR HEATHROW, FL 32746	
OFFICER NAME STREET ADDRESS CITY ST ZIP DV DAVIDSON, JEANNIE 8600 S OCEAN DRIVE STE 301 JENSEN BEACH FL 34957		TITLE NAME STREET ADDRESS CITY ST ZIP REMOVE	
OFFICER NAME STREET ADDRESS CITY ST ZIP		TITLE NAME STREET ADDRESS CITY ST ZIP PRES ROY DAVIDSON 200 ST. ANDREWS BLVD # 3407 WINTER PARK FL 32792	
OFFICER NAME STREET ADDRESS CITY ST ZIP		TITLE NAME STREET ADDRESS CITY ST ZIP	
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12. I hereby certify that the information reported with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information reported on this report or supplementary report is true and accurate and that my signature shall have the same legal effect as if made under oath by the 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 of this report, or in an attachment with an address, with all other like empowers.			
SIGNATURE: Roy Davidson		DATE: 4-15-08	