2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 01, 2005 08:00 AM Secretary of State DOCUMENT # P94000075779 1. Entity Name ISLAND TREAT, INC. Principal Place of Business ____ Mailing Address 10325 SW 58 ST MIAMI FL 33173 10325 SW 58 ST MIAMI FL 33173 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0563747 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SANG, DENNIS LEE 10325 SW 58 ST MIAMI FL 33173 Street Address (P.O. Box Number is Not Acceptable) City Zip Code 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. (NOTE Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. TITLE ☐ Delete Ditt Change Addition 🔲 SANG, DENNIS LEE NAME NAME U00000283855 STREET ADDRESS 10325 S. W. 58TH STREET STREET ADORESS 04/01/05-80043-019 150.00 CITY-ST-ZIP MIAMI FL 33173 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME SANG, SHEILA LEE STREET ADDRESS 10325 S. W. 58TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33173 CITY-ST-ZIP TITLE ☐ Delete THE Change Addition NAME NAME STREET ADDRESS STREET AGDRESS C11 Y - ST - ZIP CITY-ST-ZIP ☐ Delete ☐ Addition STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CitY-SI-7tP CITY-ST ZIP TULE DILL ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

DENNIS LEE SANG 3.30.05 305 279 3337
GOFFICER OR DIRECTOR Date Deptro Phone #

FILED