

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90020 044 ***150.00

DOCUMENT# P95000044021

1. Entity Name
ISLAND EXPORT SUPPLY, INC.



Principal Place of Business
521 E. HATI AVE
CLEWISTON, FL 33440

Mailing Address
3237 NW 67TH ST
MIAMI, FL 33147

24049007



2. Principal Place of Business

3. Mailing Address

521 E. HATI AVE.
Clewiston Fla

03312004

Chg-P

CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0593729

Applied For

Not Applicable

Zip

Country

Zip

33440

Country

Hendry

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, CAROLYN
3237 NW 67TH ST
MIAMI, FL 33147

Name Carolyn Miller Grace Martino
Street Address (P.O. Box Number is Not Acceptable)
521 E HATI AVE
City CLEWISTON FLA. **FL** Zip Code 33440

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

Carolyn Miller (pres)

Grace Martino V-P 4/14/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME MILLER, CAROLYN
STREET ADDRESS 9730 JOHNSON ST
CITY-ST-ZIP PEMBROKE PINES, FL 33024

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME Grace Martino
STREET ADDRESS 521 E. HATI AVE.
CITY-ST-ZIP Clewiston FL 33440

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

Carolyn Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-04

Date

Daytime Phone #

CAROLYN MILLER