


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000023031	
1. Entity Name ISLAND VACATIONS, INC.	

Principal Place of Business LUANI PLAZA 1454 KENNEDY DR KEY WEST, FL 33040	Mailing Address LUANI PLAZA 1454 KENNEDY DR KEY WEST, FL 33040
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DO NOT WRITE IN THIS SPACE



05042004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0734233	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

GOLAN, DONNA
1500 ATLANTIC BLVD #409
KEY WEST, FL 33040

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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: Donna Golan, Sec. Donna Golan, Sec. 5/04/04
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 Due by September 8, 2004	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	D GOLAN, DONNA 1500 ATLANTIC BLVD #409 KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLAN, KEITH 1500 ATLANTIC BLVD #409 KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERZOG, THEODORE W 1101 SIMONTON ST KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

110000157740
05/06/04-81040-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Donna Golan, Sec. Donna Golan, Sec. 5/04/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #