2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P97000036378

1. Entity Name

ISLAND EQUITIES INC

Principal Place of Business	Mailing Address
1674 NORTHWEST 17TH AVE MIAMI FL 33125	1674 NORTHWEST 17TH AVE MIAMI FL 33125

MOORE   CR2E034 (11/03)

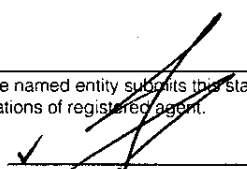| 2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		**4.** FEI Number 65-0748449
Zip	Country	Zip	Country	**5.** Certificate of Status Desired ☐

4. FEI Number 65-0748449 — Applied For / Not Applicable

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**
RISENBERG, RICHARD 644 E HALLANDALE BCH BLVD HALLANDALE FL 33009	Name *FRANK McGOEY* Street Address (P.O. Box Number is Not Acceptable) *1674 NORTHWEST 17 AVENUE* City *MIAMI* FL Zip Code *33125*

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 ✔_____ ✔ *3-30-04*
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
Make Check Payable to Florida Department of State

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 PD/S NAME MCGOEY, SCOTT STREET ADDRESS 644 E HALLANDALE BCH BLVD CITY-ST-ZIP HALLANDALE FL 33009	☐ Delete	TITLE *P/D/S* NAME *SCOTT McGOEY* STREET ADDRESS *1674 NW 17 AVENUE* CITY-ST-ZIP *MIAMI, FL 33125*	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: ✔_____   *3-30-04*   *305-325-8288*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #