

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000076529**

1. Entity Name  
**ALL ISLAND EXPORTS, INC.**



Principal Place of Business  
**1580 NW 27TH AVE  
BAY 1  
POMPANO BEACH, FL 33069**

Mailing Address  
**1580 NW 27TH AVE  
BAY 1  
POMPANO BEACH, FL 33069**



04072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0863974** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**KRASKER, PAUL A  
625 NORTH FLAGLER DR.  
WEST PALM BEACH, FL 33402-4025**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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**

**000000111780  
04/13/04-80034-008 158.75**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	BROCK, PAUL
STREET ADDRESS	21573 HOLLANDAIRE DR.
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	V
NAME	BROCK, JOHN
STREET ADDRESS	16346 MARIPOSA CIRCLE NORTH
CITY-ST-ZIP	PEMBROKE PINES, FL 33331
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Brock John J*

**4/8/04 954-677-9366**

Date

Daytime Phone #