

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000002237

1. Entity Name
ISLAND FALLS, INC.



Principal Place of Business
2665 S BAYSHORE DR
SUITE 703
MIAMI, FL 33133

Mailing Address
2665 S BAYSHORE DR
SUITE 703
MIAMI, FL 33133

FILED
04 MAY -3 PM 5:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03032004 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0899049
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WORLD CORPORATE SERVICES, INC.
2665 S BAYSHORE DR
SUITE 703
MIAMI, FL 33133

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS PERRET, GERARD 2665 S. BAYSHORE DR. STE. 703 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PERRET, MARTINE 2665 S. BAYSHORE DR. STE 703 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RICHARDS, TIMOTHY D 2665 SOUTH BAYSHORE DRIVE STE 703 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

2/28
6/13

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:

Martine Perret
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martine Perret

3/4/04

Date

(305) 858-9900

Daytime Phone #