I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JASON KATZ

Electronic Signature of Signing Officer/Director Detail

3039 ORANGE STREET, UNIT B MIAMI, FL 33133

Entity Name: ISLANDIA PRESS, INC.

**Current Principal Place of Business:** 

# Current Mailing Address:

DOCUMENT# N2100001664

3039 ORANGE STREET, UNIT B MIAMI, FL 33133 US

# FEI Number: 86-2110573

Name and Address of Current Registered Agent:

JASON, KATZ A 3039 ORANGE STREET UNIT B MIAMI, FL 33133 US Certificate of Status Desired: No

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.

## SIGNATURE:

Electronic Signature of Registered Agent

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## Officer/Director Detail :

Title	PRESIDENT	Title	VP
Name	KATZ, JASON A	Name	KATZ, JESSICA F
Address	425 MILLER ROAD	Address City-State-Zip:	3039 ORANGE STREET UNIT B MIAMI FL 33133
City-State-Zip:	CORAL GABLES FL 33146		
Title	VP		
Name	KATZ, JOSEPH M		
Address	419 BIANCA AVENUE		
City-State-Zip:	CORAL GABLES FL 33146		

Date

PRESIDENT