2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 02, 2004 8:00 am Secretary of State **DOCUMENT #625986** 02-02-2004 90010 024 ***150.00 TORRES' BOAT MANUFACTURERS, INC. Mailing Address Principal Place of Business 3675 SEASIDE DRIVE 3675 SEASIDE DRIVE **UNIT 334 UNIT 334** KEY WEST, FL 33040 KEY WEST, FL 33040 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01142004 Chg-P CR2E034 (10/03) Applied For 4. FEI Number City & State City & State 59-1920582 Not Applicable Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TORRES, CLAUDE Street Address (P.O. Box Number is Not Acceptable) 3675 SEASIDE DRIVE **UNIT 334** KEY WEST, FL 33040 City Zin Code 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. ☐ Addition Change Delete TITLE TITLE TORRES, CLAUDE NAME NAME STREET ADDRESS 3675 SEASIDE DRIVE UNIT 334 STREET ADDRESS KEY WEST, FL 33040 CITY-ST-78 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TORRES, SIEKO NAME NAME 3675 SEASIDE DRIVE UNIT 334 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEY WEST, FL 33040 ☐ Change Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME

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.

STREET ADDRESS

Torne CLAUDE TORREY

STREET ADDRESS CITY-ST-ZIP

FILED