

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 AM
Secretary of State

DOCUMENT # F92000001005

1. Entity Name
DOCKWISE YACHT TRANSPORT (USA) INC.



Principal Place of Business
**1535 S.E. 17TH STREET, SUITE 200-A
FORT LAUDERDALE, FL 33335**

Mailing Address
**1535 S.E. 17TH STREET, SUITE 200-A
FORT LAUDERDALE, FL 33335**



03202007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0373363

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WERF VAN DER, CLEMENS
1535 SE 17TH ST
#200
FT LAUDERDALE, FL 33335**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**1000000683343
04/05/07-80040-025 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WERF VAN DER, CLEMENS
STREET ADDRESS	1535 SE 17TH STREET STE 200
CITY-ST-ZIP	FORT LAUDERDALE, FL 33335
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemptions contained in Chapter 119, 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

CLEMENS VAN DER WERF

3/22/07

Date

(954) 525-8707

Daytime Phone #