## 2004 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND

## Apr 29, 2004 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # P0000066938 1. Entity Name 04-29-2004 90282 015 \*\*\*150.00 OCEAN YACHTING, INC. Principal Place of Business Mailing Address 1625 SOUTHEAST 10TH AVENUE 1625 SOUTHEAST 10TH AVENUE TAUTTOOP SUITE 1002 FORT LAUDERDALE FL 33316 **SUITE 1002** FORT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address 1306 SE 12th 1306 SE 12th Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 65-1025189 Ft. laudedalc Not Applicable Country U.S.A. \$8.75 Additional 5. Certificate of Status Desired 33316 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name: SHARPE, MICHAEL A Street Address (P.O. Box Number is Not Acceptable) 1625 SOUTHEAST 10TH AVENUE **SUITE 1002** FORT LAUDERDALE FL 33316 City Zip 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE . ☐ Delete TITLE ☐ Change ☐ Addition SHARPE, MICHAEL A NAME NAME STREET ADDRESS 1625 SOUTHEAST 10TH AVENUE SUITE 1002 STREET ADDRESS FORT LAUDERDALE FL 33316 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME - --STREET ADDRESS STREET ADDRESS CITY-ST-ZIR CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of 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 movered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied indicatéd on this report or supplement of the corporation or the receiver or trus changed, or on an attachment with an

NING DEFICER OR DIRECTOR

954.600-8338