2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: SERGE GENEREUX

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 25, 2004 8:00 am DOCUMENT # P00000107153 Secretary of State 1. Entity Name FOR YACHTS INTERNATIONAL OF SOUTH FLORIDA, 02-25-2004 90045 042 ***150.00 Mailing Address Principal Place of Business 7495 NW 53RD STREET 7495 NW 53RD STREET LAUDERHILL FL 33319 LAUDERHILL FL 33319 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State 4. FEI Number City & State 58-2582438 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GENEREUX, SERGE Street Address (P.O. Box Number is Not Acceptable) 7495 NW 53RD STREET LAUDERHILL FL 33319 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 SERGE GENEREUX PRIESIPENT 02-02-04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Addition TITLE ☑ Delete SERGE GENEREUX GENEREUX, SERGE NAME NAME 7495 NW SZRD STREET STREET ADDRESS 3890 W COMMERCIAL BLVD STE 214 STREET ADDRESS FT LAUDERDALE FL 33309 CITY-ST-ZIP LAUDERHILL FL 33319 CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE. Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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.

FILED