


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90470 029 ***150.00

DOCUMENT # P01000107424

1. Entity Name
NAUTICLAND, INC.



Principal Place of Business Mailing Address
 260 CRANDON BLVD #8 260 CRANDON BLVD #8
 KEY BISCAWAYNE, FL 33149 KEY BISCAWAYNE, FL 33149

54041626



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04162004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-1151913 Not Applicable

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

6. Name and Address of Current Registered Agent

FERNANDEZ, EDUARDO
 260 CRANDON BLVD #8
 KEY BISCAWAYNE, FL 33149

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMERO, SANTIAGO	NAME	
STREET ADDRESS	260 CRANDON BLVD #8	STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAWAYNE, FL 33149	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	EDUARDO FERNANDEZ
STREET ADDRESS		STREET ADDRESS	260 CRANDON BLVD. #8
CITY-ST-ZIP		CITY-ST-ZIP	KEY BISCAWAYNE
TITLE	<input type="checkbox"/> Delete	TITLE	SVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	CLARA ROMERO
STREET ADDRESS		STREET ADDRESS	260 CRANDON BLVD. #8
CITY-ST-ZIP		CITY-ST-ZIP	KEY BISCAWAYNE, FL 33149
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.

SIGNATURE: _____ *April 20, 2004* **305-365-3673**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #