

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-26-2004 90431 022 ***150.00

DOCUMENT # P02000030810
 1. Entity Name
 FLORIBBEAN YACHTS, INC.



Principal Place of Business Mailing Address
 3055 HARBOR DRIVE *615 Bayshore Dr* 3055 HARBOR DRIVE *615 Bayshore Dr*
 APT. ~~903~~ *700* APT. ~~903~~ *700*
 FORT LAUDERDALE, FL ~~33316~~ *33304* FORT LAUDERDALE, FL ~~33316~~ *33304*



04142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 04-3633847 Not Applicable

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

6. Name and Address of Current Registered Agent
 MALONE, RICHARD C
 3055 HARBOR DRIVE *615 Bayshore Dr*
 APT. ~~903~~ *700*
 FORT LAUDERDALE, FL ~~33316~~ *33304*

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]* DATE: *4/21/04*
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	D
NAME	MALONE, RICHARD C
STREET ADDRESS	3055 HARBOR DRIVE #903 <i>615 Bayshore Dr 700</i>
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316 <i>33304</i>
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 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: *[Signature]* DATE: *4/21/04* DAYTIME PHONE #: *954 565 4667*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #