

2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVAL
AND
FILED

05 APR 18 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04132005 Chg-P CR2E034 (10/03) *MRS*

4. FEI Number **20-0700994** Applied For Not Applicable

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

DOCUMENT # P04000022888
1. Entity Name
305 NAUTICAL, INC.



Principal Place of Business
**2801 PONCE DE LEON BLVD.
~~SUITE 750~~
CORAL GABLES, FL 33134**

Mailing Address
**2801 PONCE DE LEON BLVD.
~~SUITE 750~~
CORAL GABLES, FL 33134**

2. Principal Place of Business
Suite, Apt. #, etc.
Suite 400
City & State

3. Mailing Address
Suite, Apt. #, etc.
Suite 400
City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

**VILLOCH, ERNESTO
140 MORNINGSIDE DR.
CORAL GABLES, FL 33132**

7. Name and Address of New Registered Agent

Name
VILLOCH ERNESTO

Street Address (P.O. Box Number is Not Acceptable)
50 Menores Ave#515

City **Coral Gables** FL Zip Code **33134**

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: **04-14-05**

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
After May 1, 2005 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO VILLOCH, ERNESTO JR. 2801 PONCE DE LEON BLVD., STE-750 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST VILLOCH, ERNESTO JR 2801 PONCE DE LEON BLVD., STE-750 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LASKEY, DAVE G 2801 PONCE DE LEON BLVD., STE-750 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V QUIROGA, JESSE 2801 PONCE DE LEON BLVD., STE 750 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RAPP-VILLOCH, CAROLYN 2801 PONCE DE LEON BLVD., STE-750 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2801 Ponce de Leon Blvd #400 Coral Gables, Florida 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 500054003255 05/06/05--01047--001 **158.75 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2801 Ponce de Leon Blvd #400 Coral Gables, Florida 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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, 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: **04-14-05** DAYTIME PHONE #: **305-446-3870**

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