


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90022 003 ***150.00

DOCUMENT # P97000012322
 1. Entity Name
U JET SKI SERVICE CORP.



Principal Place of Business Mailing Address
7290 NW 8 STREET **7290 NW 8 STREET**
MIAMI FL 33126 **MIAMI FL 33126**
US **US**

50031749



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 3. Mailing Address
7290 N.W 8 ST **same**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami Fla
 Zip Country Zip Country
33126 **Fla**

4. FEI Number Applied For
65-0726848 Not Applicable

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

6. Name and Address of Current Registered Agent
PEREZ, UVAIDO
7290 NW 8 STREET
MIAMI FL 33126

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: Uvaldo Perez / Uvaldo Perez DATE: 3/24/05
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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	S <input type="checkbox"/> Delete
NAME	PACHECO-PEREZ, ADRIANA
STREET ADDRESS	7290 NW 8 ST
CITY-ST-ZIP	MIAMI FL 33126
TITLE	P <input type="checkbox"/> Delete
NAME	PEREZ, UVALDO
STREET ADDRESS	7290 NW 8 ST
CITY-ST-ZIP	MIAMI FL 33126
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: Uvaldo Perez / Uvaldo Perez (president) DATE: 3/24/05 DAYTIME PHONE #: (305) 262-2033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR