



05-07-2008 90114 007 ***150.00

DOCUMENT # V42831				05-07-2008 90114 007 ***150.00	
1. Entity Name SUNSET HARBOR BOAT RENTALS, INC.					
Principal Place of Business C/O MARC H. AUERBACH 201 S. BISCAYNE BLVD, STE 2000- MIAMI, FL 33131 US		Mailing Address C/O MARC H. AUERBACH 201 S. BISCAYNE BLVD, STE 2000 MIAMI, FL 33131 US			
2. Principal Place of Business - No P.O. Box # 200 S. Biscayne Blvd. Suite, Apt. #, etc. Suite #3900 City & State		3. Mailing Address 200 S. Biscayne Blvd. Suite, Apt. #, etc. Suite #3900 City & State		 02122008 Chg-P CR2E034 (12/06)	
Zip 		Country 		4. FEI Number 65-0338933 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent AUERBACH, MARC H ESQ 201 S. BISCAYNE BLVD #2000- MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 200 S. Biscayne Blvd. Suite #3700 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 Marc Auerbach (NOTE: Registered Agent signature required when reinstating) DATE 					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP DST BUBNOW, VICTOR 105 CURLEW RD MANALAPAN, FL 33462 <input type="checkbox"/> Delete			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"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			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 exemptions contained in Chapter 119, 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: VICTOR BUBNOW, PRES. 4/09/08 561-375268 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)					