

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000070483

**Entity Name:** BOAT SEASON INC

**Current Principal Place of Business:**

55 MERRICK WAY  
SUITE 402  
CORAL GABLES, FL 33134

**Current Mailing Address:**

55 MERRICK WAY  
SUITE 402  
CORAL GABLES, FL 33134

**FEI Number:** 47-4902876

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LOPEZ, LUSSETTE C  
55 MERRICK WAY  
SUITE 402  
CORAL GABLES, FL 33134 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name LOPEZ, LUSSETTE C  
Address 415 ALEDO AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name ESGUENAZI, JOEL O  
Address 931 CATALONIA AVE APT 11  
City-State-Zip: CORAL GABLES FL 33134

Title MNG  
Name BONAFONTE, BYRON  
Address 690 SW 1 COURT APT 1224  
City-State-Zip: MIAMI FL 33130

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BYRON BONAFONTE

**MGR**

**04/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date