

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90252 006 \*\*\*158.75

**DOCUMENT # 208224**

1. Entity Name  
JONES BOAT YARD, INC.



Principal Place of Business  
3399 NW SOUTH RIVER DR  
MIAMI, FL 33142 US

Mailing Address  
3399 NW SOUTH RIVER DR  
MIAMI, FL 33142 US

**50018792**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number  
59-0832181

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARED, JOSE  
3399 N.W. SO. RIVER DRIVE  
MIAMI, FL 33142

Name **Juan Diaz, Esquire**

Street Address (P.O. Box Number is Not Acceptable)

**5800 Northwest 74th AVE**

City **Miami**

**FL**

Zip Code  
**33166**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME **P BARED, VICTOR** ☐ Delete  
STREET ADDRESS **3399 N.W. SO. RIVER DR.**  
CITY-ST-ZIP **MIAMI, FL 33142**

TITLE  
NAME **President / Director** ☐ Change ☒ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **VPT BARED, JOSE** ☐ Delete  
STREET ADDRESS **3399 N.W. SO. RIVER DR.**  
CITY-ST-ZIP **MIAMI, FL 33142**

TITLE  
NAME **VICE President / Director** ☐ Change ☒ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **S RODRIGUEZ, ELIAS** ☐ Delete  
STREET ADDRESS **3399 N.W. SO. RIVER DR.**  
CITY-ST-ZIP **MIAMI, FL 33142**

TITLE  
NAME **Secy / Director** ☐ Change ☒ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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:

**Juan Diaz, Esq. - Atty in Fact**

**April 27, 2006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #