

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # F06000000202

1. Entity Name
YACHTING PARTNERS INTERNATIONAL, INC.



Principal Place of Business

13794 NW 4TH ST STE 200
SUNRISE, FL 33325

Mailing Address

13794 NW 4TH ST STE 200
SUNRISE, FL 33325



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3986841

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PEREZ, JOSEPH H
13794 NW 4TH ST STE 200
SUNRISE, FL 33325

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME PEREZ, JOSEPH H
STREET ADDRESS 13794 NW 4TH ST, SUITE 200
CITY-ST-ZIP SUNRISE, FL 33325

TITLE VP
NAME MONTERO, MICHAEL T
STREET ADDRESS 13794 NW 4TH ST, SUITE 200
CITY-ST-ZIP SUNRISE, FL 33325

TITLE S
NAME MONTERO, MICHAEL T
STREET ADDRESS 13794 NW 4TH ST, SUITE 200
CITY-ST-ZIP SUNRISE, FL 33325

TITLE T
NAME MONTOTO, ANGEL E
STREET ADDRESS 13794 NW 4TH ST, SUITE 200
CITY-ST-ZIP SUNRISE, FL 33325

TITLE D
NAME PEREZ, JOSEPH H
STREET ADDRESS 13794 NW 4TH ST, SUITE 200
CITY-ST-ZIP SUNRISE, FL 33325

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000790774
01/23/08-80047-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/08

Date

954-8370456

Daytime Phone #