


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F54337**  
 1. Entity Name  
**FRANK SOPER YACHT BROKERAGE, INC.**



Principal Place of Business C/O FRANK SOPER 2317 SE 14 ST POMPANO BCH, FL 33062	Mailing Address C/O FRANK SOPER 2317 SE 14 ST POMPANO BCH, FL 33062
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**DO NOT WRITE IN THIS SPACE**



03242005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2136879</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SOPER, FRANK  
 2317 SE 14 ST  
 POMPANO BCH, FL 33062

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, types 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**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SOPER, FRANK 2317 SE 14 ST POMPANO, FL
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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: Frank Soper **FRANK SOPER** 4-7-05 9549422256  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #