## . 2006 FOR PROFIT CORPORATION

## **FILED** Mar 03, 2006 08:00 AM

ANNUAL REPORT				_	Secretary of State		
DOCUMENT # F54337  1. Entity Name FRANK SOPER YACHT BROKERAGE, INC.					Secretary of State		
Principal Pieco C/O FRANK S 2317 SE 14 POMPANO BI	OPER C	ailing Address VO FRANK SOPER 1317 SE 14 ST YOMPANO BCH, FL 33062				R BYDNIK BREBIN DIKBRI BYDDIK BYERK DIKBREBEN IN KUBA	
DO NOT WRITE IN THIS SPAC				01072006 No Chg-P CR2E034 (11/05)  4. FEI Number			
6. Name and Address of Current Registered Agent							
SOPER, FRANK 2317 SE 14 ST POMPANO BCH, FL 33062			DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for the	ourpose of changing its register	ed office or regis	stered agent, or bo	oth, in the State of Fic	orida. I am lamiliar with, and accept	
the obligat	ions of registered agent.						
SIGNATURE.	Signature, typed or printed name of registered agent and title	Il applicable (NOTE Registere	ed Agent signature requ	ired when reinstating)		DATE	
FILE NOWIII FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.				55.00 May Be added to Fees			
10.	OFFICERS AND DIRE	CTORS					
TITLE NAME STREET ADDRESS GITY-ST-ZIP	DP SOPER, FRANK 2317 SE 14 ST POMPANO, FL	·			Hariata	1454महेच	
TITLE NAME STREET ADDRESS LITY-ST-2P					03/15/06	0454969 -80037-007 150.00	
title Name Street address City-St-Zip					NOT W		
Title Name Street address City-S1-Zip				IN '	THIS SF	PACE	
NAME STREET ADDRESS CITY-ST-279							

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 path, 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 addressy with all other like empowered.

SIGNATURE: 

May Supplementation of the information to the information 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 addressy with all other like empowered.

SIGNATURE: 

May Supplementation of the information to the information of the corporation of the corporation of 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 the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on the information of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certified that the information indicated on the information of the supplementation of the corporation or the receiver of the supplementation of the corporation of the supplementation of the corporation or the receiver of the supplementation of the corporation of the supplementation of the corporation of the supplementation of the supplementation of the corporation of the supplementation o

TITLE NAME STREET ADDRESS