## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 20, 2007 08:00 Al Secretary of State

	71111071			_	- P-		
1. Entity Nan	MENT # F54337 SOPER YACHT BROKERAGE	E, INC.			S	Secre	tary of St
C/O FRANK : 2317 SE 14		Mailing Address C/O FRANK SOPER 2317 SE 14 ST POMPANO BCH, FL 33062					Hatri ekkertingan kalan
•				03082007	No Chg-P	3(2), 3(2), 3(2)	34 (11/05)
	O NOT WRITE	IN THIS SPA	<b>ICE</b>	4. FEI Numbe			Applied For
		ato .		59-213			Not Applicable 8.75 Additional
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Current Re	pletored Agent		5. Certificate	of Status Desired		ee Required
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SOPER, F 2317 SE 1 POMPANO			AND CONTRACTOR	***	NOT W	13	to a second second
						AOL	al .
8. The above the obligat	named entity submits this statement for thins of registered agent.	ne purpose of changing its registr	ered office or register	red agent, or bot	h, in the State of Flo	rida. 1 am f	amiliar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and	utle il applicable (NOTE: Registi	ered Agent signature required	d when reinstating)		DATE	······································
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fin     Trust Fund Contribution		.00 May Be led to Fees			
10.	OFFICERS AND DI	RECTORS		1742 560	1.0 m	ىلىڭ ئالىنى	The state of the s
NAME STREET ADDRESS CITY-ST-ZIP	DP SOPER, FRANK 2317 SE 14 ST POMPANO, FL					2.5	
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STREET ADDRESS CITY-ST-ZIP				ar	00000	107196	
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12. Thereby certify that the information supplied with this filling 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 earth; that I am an officer or director of the corporation or the receiver or udsee 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

STREET ADDRESS CITY-SI-ZIP

SIGNATURE AND TYPED OR PRINTE NAME OF SIGNING OFFICER OR DIRECTOR

107 954-942 2256