

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90045 020 ***158.75

| | | | | | |
|--|---|--|---|--|---|
| DOCUMENT # F75635 1. Entity Name MIAMI SAILING SCHOOL, INC. | | | | | |
| Principal Place of Business 3400 PAN AMERICAN DR PIER 7 SLIP 30 COCONUT GROVE, FL 33233 US | | | Mailing Address P. O. BOX 1748 COCONUT GROVE, FL 33233 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| HORAK, GEORGE J. 520 N.E. 38TH STREET, APT. 17 MIAMI, FL 33137 | | | | Name HORAK, GEORGE J. Street Address (P.O. Box Number is Not Acceptable) 11306 S.W. 67 TER City MIAMI FL Zip Code 33173 | |
| 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. <div style="text-align: center; font-weight: bold;">CHANGE OF ADDRESS ONLY!</div> | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and the filer, and (NOTE: Registered Agent's signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | P HORAK, GEORGE J 520 NE 38TH ST APT #17 MIAMI, FL | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | P HORAK, GEORGE J. 11306 S.W. 67 TER MIAMI, FL 33173 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | |
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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 the empowered. | | | | | |
| SIGNATURE: _____ APR 30, 2004 305-596-6946 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

14005551



01232004 Chg-P CR2E034 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

CHANGE OF ADDRESS ONLY!