2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE: DAA

Aug 26, 2004 8:00 am Secretary of State **DOCUMENT # F78353** 1. Entity Name 08-26-2004 90006 032 ***150.00 POWER PLAY MARINE, INC. Principal Place of Business Mailing Address 2740 NW 29 TERR 2740 NW 29 TERR 54070169 FT. LAUDERDALE FL 33311 FT. LAUDERDALE FL 33311 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. CR2E034 (4/04) MOORE City & State City & State Applied For 4. FEI Number 59-2188670 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BEINKE, EDWARD A 4875 N. FEDERAL HWY. Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33308 Zip Code 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. 8-19-04 EDWARD BEINKE A, SIGNATURE (NOTE, Registered Agent signature required when reinstating) typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 S.607.193(2)(b), F.S., allows for the words. Each late fee. By checking this box, the corporation certifies it 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVS** TITLE TITLE ☐ Change ☐ Addition □ Delete WEINSTEIN, DANIEL S NAME NAME STREET ADDRESS 3050 NE 41 ST STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP TITLE TD ☐ Delete ☐ Addition TITLE ☐ Change NAME WEINSTEIN, DANIEL S NAME STREET ADDRE 3050 NE 41-ST ----STREET ADDRESS FT. LAUDERDALE FL CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED