


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 21, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # G65783 1. Entity Name TROPICAL YACHT SALES, INC.	
---	---

Principal Place of Business 8880 BISCAYNE BOULEVARD MIAMI SHORES, FL 33138-0343	Mailing Address 8880 BISCAYNE BOULEVARD MIAMI SHORES, FL 33138-0343
---	---

U00000951777  
06/04/08-80051-005 150.00



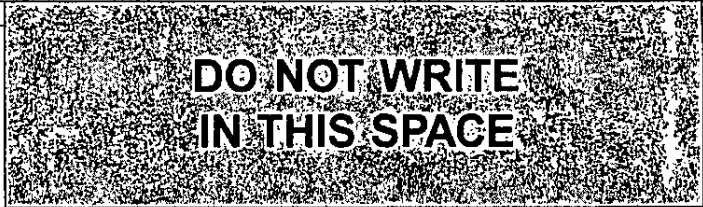
05132008 No Chg-P CR2E034 (11/05)



4. FEI Number 59-2338399	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOUZ, LOUIS  
7522 WILES RD, STE 102  
POMPANO BEACH, FL 33067



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.

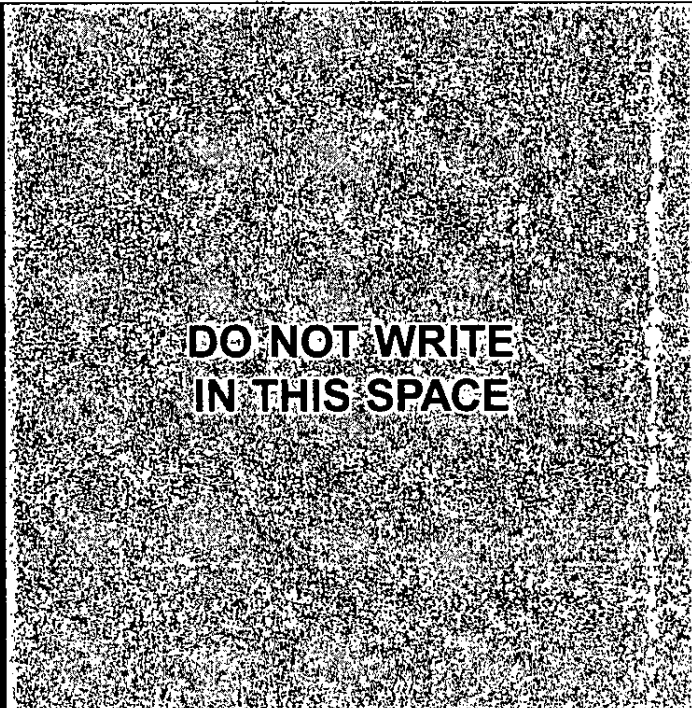
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WILDSTEIN, LARRY 8880 BISCAYNE BOULEVARD MIAMI SHORES, FL 331380343
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WILDSTEIN, DIANE 8880 BISCAYNE BOULEVARD MIAMI SHORES, FL 331380343
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	



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 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:  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_