

2008 FOR PROFIT CORPORATION ANNUAL REPORT

POSTING

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90165 001 ***308.75

DOCUMENT # G78189
 1. Entity Name
FLORIDA YACHT CHARTERS AND SALES, INC.



Principal Place of Business Mailing Address
390 ALTON RD **390 ALTON RD**
SUITE 3 **SUITE 3**
MIAMI BCH., FL 33139 **MIAMI BCH., FL 33139**

66006459



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03272008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
59-2372118 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DEUSCHEL, HERB E 8211 W. BROWARD BLVD 340 PLANTATION, FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	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.

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
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DVP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVERHARD, ROBERT	NAME	
STREET ADDRESS	1281 S VENETIAN WAY	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL	CITY-ST-ZIP	
TITLE	DVP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVERHARD, SUSAN W.	NAME	
STREET ADDRESS	1281 S VENETIAN WAY	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL	CITY-ST-ZIP	
TITLE	DPST <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELL, DAVID	NAME	DPST Sell, David P
STREET ADDRESS	390 ALTON ROAD SUITE 3	STREET ADDRESS	390 Alton Rd # 3
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: David P. Sell 4/8/08 (610) 751-4719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #