


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90031 047 ***150.00

DOCUMENT # J26517 1. Entity Name TIKI WATER SPORTS, INC.					
Principal Place of Business U.S. HWY. #1, MM 94 1/2 P.O. BOX 2708 KEY LARGO, FL 33037-4708			Mailing Address U.S. HWY. #1, MM 94 1/2 P.O. BOX 2708 KEY LARGO, FL 33037-4708		
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	
SCHULTZ, STEVEN A. 150 S.E. 2ND AVE. MIAMI, FL 33131				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	CDP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHESTER, ROBERT A.		NAME		
STREET ADDRESS	3070 MATILDA ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DELO, DANIEL		NAME	DeLo, Daniel	
STREET ADDRESS	132 GALLEON RD		STREET ADDRESS	P.O. Box 2708	
CITY-ST-ZIP	ISLAMORADO, FL		CITY-ST-ZIP	Key Largo, FL 33037	
TITLE	<input type="checkbox"/> Delete		TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Tumbak, Theodore	
STREET ADDRESS			STREET ADDRESS	2796 SW 129 Terr.	
CITY-ST-ZIP			CITY-ST-ZIP	Miramar, FL 33027	
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: <i>Robert A. Chester, President</i>			1/11/06 305-852-9298		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		