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May 10, 2004 8:00 am
Secretary of State
03-26-2004 90161 043 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

34005583

DOCUMENT # L03000030344

1. Entity Name
DOMENICA CHARTERS, LLC

MOORE CR2E083 (11/03)

Principal Place of Business	Mailing Address
9728 W. SAMPLE RD. CORAL SPRINGS FL 33065	9728 W. SAMPLE RD. CORAL SPRINGS FL 33065

2. Principal Place of Business	3. Mailing Address
498 Mariner Dr.	498 Mariner Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jupiter, FL	City & State: Jupiter FL
Zip: 33477 Country:	Zip: 33477 Country:

4. FEI Number: 20-0182459 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MOFSEN, HOWARD J
9728 W. SAMPLE RD.
CORAL SPRINGS FL 33065
DE

7. Name and Address of New Registered Agent

Name: Flora Domenica
Street Address (P.O. Box Number is Not Acceptable): 498 Manner Dr.
City: Jupiter FL Zip Code: 3347[illegible]

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: X Domenica M Flora 4/23/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $60.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MICHAEL FLORA 498 MARINER DR JUPITER FL 33477 ☐ Delete	MANAGER	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FRANK FLORA 19040 SE REACH ISLAND LANE JUPITER FL 33458 ☐ Delete	MANAGING MEMBER	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JOSEPH FLORA 113 Quayside Dr. JUPITER, FL 33477 ☐ Delete	MANAGING MEMBER	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X Domenica M Flora 4/23/04 561-575-9962
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #