

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L06742

Entity Name: MIAMI YACHT DIVERS, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

2212 SOUTH ANDREWS AVE
FORT LAUDERDALE, FL 33316 US

New Principal Place of Business:

Current Mailing Address:

2212 SOUTH ANDREWS AVE
FT. LAUDERDALE, FL 33316 US

New Mailing Address:

FEI Number: 65-0139563 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELMONICO, DAN
2212 SOUTH ANDREWS AVE
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

MOFFA, JOSEPH C
100 SE 3RD AVENUE
SUITE 2202
FORT LAUDERDALE, FL 33394 US

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.

SIGNATURE: JOSEPH C MOFFA

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DELMONICO, DANIEL,
Address: 862 LUGO AVE
City-St-Zip: CORAL GABLES, FL 33156

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DELMONICO, DANIEL
Address: 2212 SOUTH ANDREWS AVE
City-St-Zip: FT LAUDERDALE, FL 33316

Title: VP () Change (X) Addition
Name: MOSS, JAMES
Address: 2212 SOUTH ANDREWS AVE
City-St-Zip: FT LAUDERDALE, FL 33316

Title: VP () Change (X) Addition
Name: MOFFA, JOSEPH C
Address: 2212 SOUTH ANDREWS AVE
City-St-Zip: FT LAUDERDALE, FL 33316

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH C MOFFA

VP

04/29/2005

Electronic Signature of Signing Officer or Director

Date