

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # M61284**

1. Entity Name  
**OFFSHORE SAILING, INC.**



Principal Place of Business

**C/O GIDALYAHU LEVIN  
1849 S. OCEAN DR. #401  
HALLANDALE, FL 33009**

Mailing Address

**GIDALYAHU LEVIN  
11546 CLARIA DR  
BOYNTON BCH, FL 33437**



03282007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2851943**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LEVIN, GIDALYAHU  
1849 S. OCEAN DR.  
#401  
HALLANDALE, FL 33009**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME LEVIN, GIDALYAHU  
STREET ADDRESS 1849 S. OCEAN DR. #401  
CITY-ST-ZIP HALLANDALE, FL

TITLE VST  
NAME LEVIN, HERMINA M  
STREET ADDRESS 1849 S. OCEAN DR. #401  
CITY-ST-ZIP HALLANDALE, FL

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: *Gidalyahu Levin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*04-15-07 25617338582*

Date

Daytime Phone #

**DO NOT WRITE  
IN THIS SPACE**

U00000714944  
04/27/07-80043-018 150.00