


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90015 045 \*\*\*150.00

<b>DOCUMENT # M61284</b> 1. Entity Name <b>OFFSHORE SAILING, INC.</b>					
Principal Place of Business <b>C/O GIDALYAHU LEVIN 1849 S. OCEAN DR. #401 HALLANDALE, FL 33009</b>			Mailing Address <b>GIDALYAHU LEVIN 11546 CLARIA DR BOYNTON BCH, FL 33437</b>		
2. Principal Place of Business - No P.O. Box # <b>11546 CLARIA DR.</b>		3. Mailing Address Suite, Apt. #, etc. City & State <b>BOYNTON BEACH, FL.</b> Zip <b>33437</b>			
Suite, Apt. #, etc. City & State <b>BOYNTON BEACH, FL.</b> Zip <b>33437</b>		Suite, Apt. #, etc. City & State Zip 		03302008    Chg-P    CR2E034 (12/06)	
4. FEI Number <b>59-2851943</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LEVIN, GIDALYAHU 1849 S. OCEAN DR. #401 HALLANDALE, FL 33009</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>11546 CLARIA DR.</b> City <b>BOYNTON BEACH</b> <b>FL</b> Zip Code <b>33437</b>		
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 re-registering)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$560.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEVIN, GIDALYAHU 1849 S. OCEAN DR. #401 HALLANDALE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>11546 CLARIA DR. BOYNTON BEACH, FL. 33437</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST LEVIN, HERMINA M 1849 S. OCEAN DR. #401 HALLANDALE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>11546 CLARIA DRIVE BOYNTON BEACH, FL. 33437</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Gidal Yah Levin</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>APR 17 2008</b> Daytime Phone # <b>561 733 8582</b>		