



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90055 036 ****61.25

DOCUMENT # N44886 1. Entity Name FLOTILLA TWO, INC.					
Principal Place of Business 601 SEABREEZE BLVD. FT LAUDERDALE, FL 33316			Mailing Address 601 SEABREEZE BLVD. FT LAUDERDALE, FL 33316		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
Country		Country		04042004 Chg-NP CR2E037 (10/03)	
4. FEI Number 65-0097933				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BLAZZARD, NORSE N 3070 NE 40TH ST. SUITE 207 FORT LAUDERDALE, FL 33308			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARSTEN, HOWARD C.		NAME	RUNGO, JOHN R.	
STREET ADDRESS	601 SEABREEZE BLVD.		STREET ADDRESS	601 SEABREEZE BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316		CITY-ST-ZIP	FT. Lauderdale, FL 33316	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, COLIN		NAME	BROOK, HAROLD	
STREET ADDRESS	601 SEABREEZE BLVD.		STREET ADDRESS	601 Seabreeze Blvd.	
CITY-ST-ZIP	FT LAUDERDALE, FL 33316		CITY-ST-ZIP	FT. Lauderdale, FL 33316	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLAZZARD, NORSE N		NAME	HERNANDEZ, ALFONZO	
STREET ADDRESS	601 SEABREEZE BLVD.		STREET ADDRESS	601 Seabreeze Blvd.	
CITY-ST-ZIP	FT LAUDERDALE, FL 33316		CITY-ST-ZIP	FT. Lauderdale, FL 33316	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HESSER, LOIS A		NAME	QUIRK, KEVIN	
STREET ADDRESS	601 SEABREEZE BLVD.		STREET ADDRESS	601 Seabreeze Blvd.	
CITY-ST-ZIP	FT LAUDERDALE, FL 33316		CITY-ST-ZIP	FT. Lauderdale, FL 33316	
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	PENTECOST, JACQUELINE		NAME		
STREET ADDRESS	601 SEABREEZE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	BERKOFF, BOB		NAME		
STREET ADDRESS	601 SEABREEZE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33316		CITY-ST-ZIP		
12. 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 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 617, 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>Norse N. Blazzard</i> NORSE N. BLAZZARD 4/4/04 9255					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					