

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90032 032 \*\*\*150.00

**DOCUMENT # P00000023267**

1. Entity Name  
**INTERNATIONAL YACHT MARKETING, INC.**



Principal Place of Business **1850 SE 17th St.**, Mailing Address **1850 SE 17th St.**  
**1000 S.E. 3RD AVE. Suite 300** **1000 S.E. 3RD AVE. Suite 300**  
**FT. LAUDERDALE, FL 33316** **FT. LAUDERDALE, FL 33316**

00004719



02152005 No Chg-P CR2E034 (10/03)

4. FEI Number **65-1001197** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**WRIGHT, PETER**  
**1000 S.E. 3RD AVE. 1850 SE 17th St., Suite 300**  
**FT. LAUDERDALE, FL 33316**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HUDSON, STEVEN W
STREET ADDRESS	<b>1000 S.E. 3RD AVE. 1850 SE 17th St., Suite 300</b>
CITY - ST - ZIP	FT. LAUDERDALE, FL 33316
TITLE	D
NAME	ELLIOTT, MARK
STREET ADDRESS	9995 SUNSET DR., STE. 108
CITY - ST - ZIP	MIAMI, FL 33173
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Steven W. Hudson**

**3/29/05 954-356-5800**

Date

Daytime Phone #