## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

AITHORE REPORT			Sad	mataux a	f Ctata
DOCUMENT # P0000067488  1. Entity Name WYCAP MARINE CORPORATION			560	cretary o	n State
Principal Place of Business	) L 33309		- 11111 - 22111 - 12511 - 12511 - 12511	\$8   E 7	11 IIKIFI II SIFI
DO NOT WRITE IN THIS S	SPACE	01172005 4. FEI Numbe 65-102	No Chg-P	CR2E034 (10/4	Applied For Not Applicable Additional
6. Name and Address of Current Registered Agent					
CHANIN, RICHARD 1316 W. MCNAB ROAD FORT LAUDERDALE, FL 33309			NOT W THIS SF		
The above named entity submits this statement for the purpose of changing its the obligations of registered agent.	s registered office or registe	red agent, or bo	th, in the State of Flo	orida. I am familiar v	ith, and accept
Signature typed or printed name of registered agent and this if applicable TNOTE Registered Agent signature required		d when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campa Trust Fund Cont		.00 May Be led to Fees			
10. OFFICERS AND DIRECTORS		<u> </u>	Haaaa	) t mmorro	
TITLE			000000 01/24/05	0187259 -80005-02 <b>1</b>	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	THIS SF	PACE	
TITLE NAME STREET ADDRESS GITY-ST-ZIP			·		
TITLE NAME STREET ADDRESS		·			

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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:

CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ichard Chanin 1/1

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