

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 21, 2006 8:00 am
Secretary of State

08-21-2006 90005 026 ***158.75

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1. Entity Name
COMMUTER YACHTS CONSULTING INC.



Principal Place of Business

2464 SW 22ND ST.

MIAMI, FL 33145

2908 S.W. 27th AVE
Miami, FL 33133

Mailing Address

PO BOX 451135

MIAMI, FL 33245-1135

50025771



07172006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1050121

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATTON, DONALD M

2464 SW 22ND ST.

MIAMI, FL 33145

2908 S.W. 27th AVE
Miami, FL 33133

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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
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
PATTON, DONALD M
2464 SW 22ND ST
MIAMI, FL 33145

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
JONES, ANTHONY T
11223 SW 114TH LANE CIR
MIAMI, FL 33176

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

**DO NOT WRITE
IN THIS SPACE**

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #