## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

## DOCUMENT # P00000080063

1. Entity Name

COMMUTER YACHTS CONSULTING INC.



**FILED** Mar 17, 2008 08:00 A Secretary of State

Principal Place of Business

2908 SW 27TH AVE MIAMI, FL 33133

Mailing Address

PO BOX 451135 MIAMI, FL 33245-1135



DO NOT WRITE IN THIS SPACE

02222008 No Chg-P CR2E034 (11/05)

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 2908 SW 27TH AVE MIAMI, FL 33133

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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.

(NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

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		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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DATE

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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:

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR