## 2005 FOR PROFIT CORPORATION **FILED ANNUAL REPORT** - Apr 15, 2005 08:00 AM Secretary of State DOCUMENT # P00000095497 BOAT BUSINESS INTERNATIONAL, INC. Principal Place of Business Mailing Address 1370 SE 3RD TERR 1370 SE 3RD TERR POMPANO BEACH, FL 33060 POMPANO BEACH, FL 33060 01242005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1045870 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VIVIES, PATRICK DO NOT WRITE 700 E. DANIA BEACH BLVD. **SUITE 202** IN THIS SPACE **DANIA, FL 33004** 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 reinstalling) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TIDECASSIGNOL, CHRISTIAN NAME STREET ADDRESS 651 SEABREEZE BLVD. 000000307676 04/15/05-80065-003 150.00 CITY-ST-ZIP FORT LAUDERDALE, FL 33316 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not availify 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:

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #