


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90389 049 \*\*\*150.00

<b>DOCUMENT # P00000113339</b> 1. Entity Name <b>SOUTHERN MARINE OUTBOARD SERVICES INC.</b>			
Principal Place of Business <b>8741 SW 133RD STREET MIAMI, FL 33176</b>		Mailing Address <b>8741 SW 133RD STREET MIAMI, FL 33176</b>	
2. Principal Place of Business <b>17500 SW 86TH AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>17500 SW 86TH AVE</b> Suite, Apt. #, etc.	
City & State <b>MIAMI FL</b> Zip <b>33157-6062</b>		City & State <b>MIAMI FL</b> Zip <b>33157-6062</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-1068059</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JABLONSKI, KURT 8741 SW 133RD STREET MIAMI, FL 33176</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b> NAME <b>JABLONSKI, KURT</b> STREET ADDRESS <b>17500 SW 86TH AVE</b> CITY - ST - ZIP <b>MIAMI, FL 33157</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP  	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
<b>SIGNATURE:</b> <u>Kurt Jablonski</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>KURT JABLONSKI</u> <small>Date</small>	
<u>3/29/2006</u> <small>Date</small>		<u>305-256-7676</u> <small>Daytime Phone #</small>	