


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90213 014 \*\*\*158.75

<b>DOCUMENT # P01000040574</b> 1. Entity Name <b>SOUTHFORK MARINE, INC.</b>					
Principal Place of Business <b>10451 NW 33RD STREET MIAMI, FL 33172</b>			Mailing Address <b>10451 NW 33RD STREET MIAMI, FL 33172</b>		
2. Principal Place of Business <b>7601 SW Lost River Rd</b> Suite, Apt. #, etc.			3. Mailing Address <b>7601 SW Lost River Rd.</b> Suite, Apt. #, etc.		
City & State <b>Stuart, FL</b>			City & State <b>Stuart, FL</b>		
Zip <b>34997</b>		Country <b>US</b>		Zip <b>34997</b>	
Country <b>US</b>		4. FEI Number <b>65-1098973</b>			
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>PERLSTEIN, ARNOLD ESQ. 4801 S. UNIVERSITY DRIVE 2ND FL. DAVIE, FL 33328</b>			7. Name and Address of New Registered Agent Name <b>Perlstein, Arnold ESQ</b> Street Address (P.O. Box Number is Not Acceptable) <b>441 Montclair Drive</b> City <b>Weston</b> <b>FL</b> Zip Code <b>33326</b>		
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 <u><i>Arnold Perlstein, Esq.</i></u> DATE <u><i>4/20/06</i></u> <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>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>TABOR, MARTIN</b> <b>10451 NW 33RD STREET</b> <b>MIAMI, FL 33172</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Tabor, Martin</b> <b>7601 SW Lost River Rd.</b> <b>Stuart FL 34997</b>	
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	
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	
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	
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	
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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u><i>4/12/06</i></u> Daytime Phone # <u><i>772 463 7400</i></u>		

**50016913**



04052006 Chg-P CR2E034 (11/05)