

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000064811

1. Entity Name
PROJECT BOATS INC.



Principal Place of Business
3300 SW 117 AVE
DAVIE, FL 33330

Mailing Address
PO BOX 540528
OPA LOCKA, FL 33054-0528



04252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|-----------------------------------|
| 4. FEI Number 65-1133149 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

DESSBERG, VICTOR
14647 NORTHWEST 27 AVENUE
MIAMI, FL 33054

**DO NOT WRITE
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
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000944200
05/29/08-80089-018 150.00

10. OFFICERS AND DIRECTORS

| | |
|-----------------|------------------|
| TITLE | PVTS |
| NAME | DESSBERG, VICTOR |
| STREET ADDRESS | 3300 SW 117 AVE. |
| CITY - ST - ZIP | DAVIE, FL 33330 |

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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VICTOR DESSBERG

4-29-08

305-389-1286