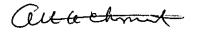
## 2004 FOR DROET CORPORATION

## FILED Jul 19, 2004 8:00 am Secretary of State 07-19-2004 90006 004 \*\*\*150.00

ANNUAL REPORT					
DOCUMENT # P01000104233					

1. Entity Nam	BOATS INC.	200				
	1			7		
	e of Business	Mailing Address			54063233	
1919 NW 19 Ft. Lauderi	DALE, FL 33311	1919 NW 19TH ST. Ft. Lauderdale, Fl. 33	311		. 01000#00	
				 	<b>18</b> 181	
2. Principal F	VV. Store Kd 84	3. Mailing Address. St.	ale Rd 84	/		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		07082004 Chg-P	CR2E034 (10/03)	
Dav Stat	He FL	Davic	FL	4. FEI Number 65-1152375	Applied For Not Applicable	
333/	12 Soward	333/2	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current F	Registered Agent	Norte	7. Name and Address of New	Registered Agent	
	JACK		Name	hibant		
1 LAS OLA FT. LAUDI	AS BLVD. } ERDALE FL-33316		33.60	) O'leande	" Nay	
			10mps	ano Beach	FL 33062	
8. The above the obligat	named entity submits this statement for tions of registered agent.	the purpose of changing the re-	egistered office of regist	tered agent, or both, in the State of	Florida. I am familiar with, and accept	
SIGNATURE.				7/	15/04	
	Onature, types that inted natifical registered agent as	nd in applicable	Registered Agent signature requi	red when reinstating)	DATE	
FILE NOWILL FEE IS \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees						
10.	OFFICERS AND D	<del></del>	11.	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTORS IN 11	
TITLE NAME	THIBAUT, JACK	Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP	1 LAS OLAS BLVD. FT. LAUDERDALE, FL 33316	Now	STREET ADDRESS CITY-ST-ZIP			
TITLE Z	The Land No	Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS	3260 Oleande	Way	NAME STREET ADDRESS			
CITY-ST-ZIP	Pompano Souch	F433062	CITY-ST-ZIP			
NAME		Delete	-TITLE	المسور بدائد مميريد	— Change Addition .	
STREET ADDRESS		•	STREET ADDRESS			
TITLE	•	☐ Delete	CITY-ST-ZIP TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		·	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS	·		NAME Street Address			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE NAME		☐ Delete	NAME		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP	9		STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the examption 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 shell have the same legal effect as if made under cath; 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:  SIGNATURE AND TWED OF DIAMETED NAMES OF SIGNING OF PACE OF CIPIECTOR  Date  Date  Dayline Proce #						





5406333 3621 West State Road 84

3621 West State Road 84 Davie, FL 33312

Dep 0/000/04233

July 15, 2004

Florida Department of State Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

To whom it may concern:

Enclosed please find check in the amount of \$150. We **did not** receive the original notice. Perhaps it did not reach us due to our move. In addition, the director moved from Fort Lauderdale to Pompano Beach.

We appreciate your understanding.

Yours truly,

Office Manager

Encl. Check

Fax: +1.954.792.4229