

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90267 031 ***150.00

DOCUMENT # P01000107424



1. Entity Name
 NAUTICLAND, INC.

4

Principal Place of Business
 260 CRANDON BLVD #8
 KEY BISCAYNE, FL 33149

Mailing Address
 260 CRANDON BLVD #8
 KEY BISCAYNE, FL 33149

14010170



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02022005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
 65-1151913

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FERNANDEZ, EDUARDO 260 CRANDON BLVD #8 KEY BISCAYNE, FL 33149		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P Delete <input checked="" type="checkbox"/>	NAME ROMERO, SANTIAGO STREET ADDRESS 260 CRANDON BLVD #8 CITY-ST-ZIP KEY BISCAYNE, FL 33149	TITLE SVP Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	NAME ROMERO, SANTIAGO STREET ADDRESS 260 CRANDON BLVD #8 CITY-ST-ZIP KEY BISCAYNE, FL 33149
TITLE VP Delete <input type="checkbox"/>	NAME FERNANDEZ, EDUARDO STREET ADDRESS 260 CRANDON BLVD #8 CITY-ST-ZIP KEY BISCAYNE, FL	TITLE Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
TITLE SVP Delete <input checked="" type="checkbox"/>	NAME ROUERO, CLARA STREET ADDRESS 260 CRANDON BLVD #8 CITY-ST-ZIP KEY BISCAYNE, FL 33149	TITLE P Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	NAME CLARA ROMERO STREET ADDRESS 260 CRANDON BLVD #8 CITY-ST-ZIP KEY BISCAYNE, FL 33149
TITLE Delete <input type="checkbox"/>		TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE Delete <input type="checkbox"/>		TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE Delete <input type="checkbox"/>		TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	

12. I hereby certify that the information supplied with this filing does not qualify 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: _____ Date: 4-6-2005 305-365-3661 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR