
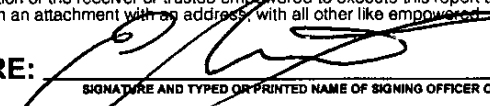


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90056 036 \*\*\*150.00

<b>DOCUMENT # P01000107424</b>			
1. Entity Name <b>NAUTICLAND, INC.</b>			
Principal Place of Business 260 CRANDON BLVD #8 KEY BISCAIYNE, FL 33149		Mailing Address 260 CRANDON BLVD #8 KEY BISCAIYNE, FL 33149	
2. Principal Place of Business - No P.O. Box # <b>1401 BRICKELL AVE</b>		3. Mailing Address <b>1401 BRICKELL AVE</b>	
Suite, Apt. #, etc. <b>#320</b>		Suite, Apt. #, etc. <b>#320</b>	
City & State <b>MIAMI - FL.</b>		City & State <b>MIAMI - FL.</b>	
Zip <b>33131</b>	Country <b>USA</b>	Zip <b>33131</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>FERNANDEZ, EDUARDO</b> 260 CRANDON BLVD #8 KEY BISCAIYNE, FL 33149		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SV</b> <b>ROMERO, SANTIAGO</b> 260 CRANDON BLVD #8 KEY BISCAIYNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SV</b> <b>ROMERO, SANTIAGO</b> 1401 BRICKELL AVE #320 MIAMI - FL. 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>FERNANDEZ, EDUARDO</b> 260 CRANDON BLVD #8 KEY BISCAIYNE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>EDUARDO FERNANDEZ</b> 1401 BRICKELL AVE #320 MIAMI - FL. 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ROMERO, CLARA</b> 260 CRANDON BLVD #8 KEY BISCAIYNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.</b> <b>CLARA ROMERO</b> 1401 BRICKELL AVE #320 MIAMI - FL. 33131 <input checked="" 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: 		Date: <b>7/17/07</b>	Daytime Phone #: <b>305-365-3673</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

40070000



02142007 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-1151913**

Applied For  
Not Applicable

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