2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90066 005 ***150.00

DOCUMENT # P01000111222

1. Entity Name
TERALEX YACHT, INC.

Principal Place of Business	Mailing Address
201 ALHAMBRA CIRCLE SUITE ~~502~~ CORAL GABLES, FL 33134	201 ALHAMBRA CIRCLE SUITE ~~502~~ CORAL GABLES, FL 33134
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. 700	Suite, Apt. #, etc. 700.
City & State	City & State
Zip / Country	Zip / Country

03222007 Chg-P CR2E034 (12/06)

4. FEI Number 01-0701010 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

~~ARVESU, MANUEL M ESQ~~
~~201 ALHAMBRA CIRCLE SUITE~~ 502
~~CORAL GABLES, FL 33134~~

7. Name and Address of New Registered Agent

Name: Hunter Law firm, PLLC
Street Address (P.O. Box Number is Not Acceptable): 2853 Executive Park Drive # 201
City: Weston FL Zip Code 33331

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, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	PD SVENSON, ALFRED 201 ALHAMBRA CIRCLE SUITE 502 CORAL GABLES, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition Suite 700
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARVESU, MANUEL M 201 ALHAMBRA CIRCLE SUITE 502 CORAL GABLES, FL 33134	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Alfred Svenson 3/22/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #