## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: 4

SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 28, 2008 8:00 am Secretary of State DOCUMENT # P01000113938 04-28-2008 90404 006 \*\*\*150.00 POWERBOAT SERVICES, INC. Principal Place of Business Mailing Address **5420 NW 10TH TERR** 5420 NW 10TH TERR FT LAUDERDALE, FL 33309 FT LAUDERDALE, FL 33309 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1230 NE 9 AVENUE 1230 NEGAVENUE Suite, Apt. #, etc. Suite, Apt. #, etc 04172008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For FT. LAUDERDALE, FI Not Applicable FT. LAUNER 65-1157670 Zip Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 Zip Code City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PVST Change ■ Addition TITLE □ Delete TITLE TSCHUPP, STEVEN M NAME NAME 1230 NE 9 AVENUE STREET ADDRESS 5420 NW 10TH TERR STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 33309 CITY-ST-ZIP FT. LAUDERDALE, FL 33304 Change Addition ☐ Delete TITLE TITLE TSCHUPP, STEVEN M NAME NAME 1230 NEG AVENUE STREET ADDRESS **5420 NW 10TH TERR** STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 33309 CITY-ST-ZIP FT. LAUDERDALE, FL 33301 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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.

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