


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000122240**

1. Entity Name  
**TOP QUALITY YACHT REFINISHING OF FLORIDA, INC.**



Principal Place of Business  
**3146 NW 68TH ST.  
 FT. LAUDERDALE, FL 33309-1206**

Mailing Address  
**3146 NW 68TH ST.  
 FT. LAUDERDALE, FL 33309-1206**

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

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

City & State

City & State

Zip Country

Zip Country



01252004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**RODRIGUEZ, CLIFTON H  
 3146 NW 68TH ST.  
 FT. LAUDERDALE, FL 33309-1206**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** Zip Code

8. The above named entity certifies 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]* DATE: **01/25/2004**

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	VANLE, TOMMY	
STREET ADDRESS	1513 SW 18TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	
TITLE	EVPD	<input type="checkbox"/> Delete
NAME	LE, LOANT	
STREET ADDRESS	1513 SW 18TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	
TITLE	BDEO	<input type="checkbox"/> Delete
NAME	RODRIGUEZ CPA, CLIFTON H	
STREET ADDRESS	3146 NW 68 STREET STE NO 1	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	UN00000019052	
CITY-ST-ZIP	01/29/04-80011-025 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 employees.

SIGNATURE: *[Signature]* DATE: **01/25/2004 (99)** DAYTIME PHONE #: **850-9842**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR