

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90065 043 ***150.00

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		Country		03272005 Chg-P CR2E034 (10/03)	
4. FEI Number 80-0027688				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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		
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: <i>Clifton H. Rodriguez</i> CLIFTON H. RODRIGUEZ, CPA 03/28/2005 <small>(Signature, type or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)</small>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP PCEO VANLE, TOMMY 1513 SW 18TH AVENUE FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP President/CEO/Director Tommy Van Le 1513 SW 18th Avenue Ft. Lauderdale, Florida 33312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP EVPD LE, LOAN T 1513 SW 18TH AVENUE FORT LAUDERDALE, FL 33312 <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 BDEO RODRIGUEZ CPA, CLIFTON H 3146 NW 68 STREET STE NO 1 FORT LAUDERDALE, FL 33309 <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		
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 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: <i>Tommy Van Le</i> Tommy Van Le 03/28/05 (954) 850-9842 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					