

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
Jan 19, 2007 8:00 am
Secretary of State**

01-19-2007 90033 042 ***150.00

DOCUMENT # P01000122240
1. Entity Name Top Quality Yacht Refinishing of Florida, Inc.

DO NOT WRITE IN THIS SPACE

50001133

2. Principal Place of Business 1513 S.W. 18th Avenue Suite, Apt. #, etc.	3. Mailing Address 3146 NW 68th Street Suite, Apt. #, etc. Suite No. 1
City & State Ft. Lauderdale, FL	City & State Fort Lauderdale, Florida
Zip 33312	Country USA
Zip 33309	Country USA

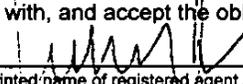
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4. FEI Number 80-0027688	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent	
Name Tommy Van Le	
Street Address (P.O. Box Number is Not Acceptable) 1513 SW 18th Avenue	
City Fort Lauderdale	FL Zip Code 33309-1206

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  **Tommy Van Le** **1/12/2007**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

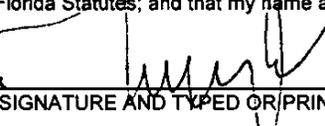
11.

TITLE President/CEO/Chairperson	NAME Tommy Van Le
STREET ADDRESS 1513 SW 18th Street	CITY-ST-ZIP Fort Lauderdale, Florida 33312
TITLE Executive Vice President/Director	NAME Loan T. Le
STREET ADDRESS 1513 Sw 18th Street	CITY-ST-ZIP Fort Lauderdale, Florida 33312
TITLE Board Advisor/Ex-officio member	NAME Clifton H. Rodriquez, MPA, CPA, CIA
STREET ADDRESS 3146 NW 68th Street	CITY-ST-ZIP Fort Lauderdale, Florida 33309-1206
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
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TITLE NAME	STREET ADDRESS CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Tommy Van Le, CEO** **1/12/2007** **(954)850-9842**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #