

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

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90016 042 \*\*\*150.00

<b>DOCUMENT #</b>	P01000122240
<b>1. Entity Name</b>	
Top Quality Yacht Refinishing of Florida, Inc.	

**DO NOT WRITE IN THIS SPACE**

40033926

<b>2. Principal Place of Business</b> 1513 S.W. 18th Avenue Suite, Apt. #, etc.		<b>3. Mailing Address</b> 3146 NW 68th Street Suite, Apt. #, etc. Suite No.1		<b>4. FEI Number</b> 80-0027688		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>City &amp; State</b> Ft. Lauderdale, FL		<b>City &amp; State</b> Fort Lauderdale, Florida		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required			
<b>Zip</b> 33312	<b>Country</b> USA	<b>Zip</b> 33309	<b>Country</b> USA				

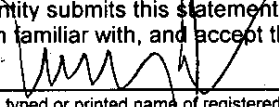
DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

<b>Name</b> Tommy Van Le	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 1513 SW 18th Avenue	
<b>City</b> Fort Lauderdale	<b>Zip Code</b> 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** **1/29/2008**  
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**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11.	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	President/CEO/Chairperson Tommy Van Le 1513 SW 18th Street Fort Lauderdale, Florida 33312	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Executive Vice President/Director Loan T. Le 1513 Sw 18th Street Fort Lauderdale, Florida 33312	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Board Advisor/Consultant Clifton H. Rodriguez, MPA, CPA, CIA 3146 NW 68th Street Fort Lauderdale, Florida 33309-1206	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

**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** **1/29/2008** **(954)850-9842**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #