## 2003 FOR PROFIT CORPORATION

FILED Apr 23, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P02000003332 DOCUMENT # 04-23-2003 90278 032 \*\*\*150.00 A & L POWERBOATS, INC. Principal Place of Business Mailing Address 19389 NW 14TH STREET 19389 NW 14TH STREET PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029 2. Principal Place of Business 3. Mailing Address 1755 SE THIRD COURT 19451 SHERIDAN STREET Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 301 Suite City & State 4. FEI Number Applied For City & State 30-0028108 Pembroke Pines Not Applicable DEGLIFICIO BEACH, Zip Country Country \$8.75 Additional 5. Certificate of Status Desired <del>33</del> 33332 USA USA 33441 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RONNI MARTINI MARTINI, RONNI Street Address (P.O. Box Number is Not Acceptable) 19389 NW 14TH STREET 19451 PEMBROKE PINES FL 33029 CityEMBroke 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PRESIDENT CR2E034 (10/02) Change \* Addition TITLE ☐ Delete TITLE PONNI MARTINI NAME NAME 19451 SHERIOAN STRAT Suite STREET ADDRESS STREET ADDRESS Pembroke PINO, FL 33332 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI E ---- Delete TITLE \_ \_ Change \_ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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, withyall other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #