
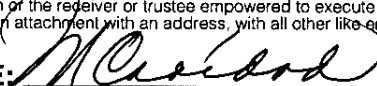


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90207 031 ***150.00

DOCUMENT # P02000032262 1. Entity Name YACHTING TECHNOLOGIES, CORP.					
Principal Place of Business 5401 COLLINS AVENUE APT. 301 MIAMI BEACH, FL 33140-2530			Mailing Address 5401 COLLINS AVENUE APT. 301 MIAMI BEACH, FL 33140-2530		
2. Principal Place of Business 501 N.W. SOUTH RIVER DR			3. Mailing Address 2355 BISCAYNE BAY DR		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State MIAMI FL			City & State NORTH MIAMI FL		
Zip 33136		Country MIAMI-DADE		Zip 33181	
Country MIAMI-DADE		4. FEI Number 02-0569920			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent RUIZ, ORLANDO 5401 COLLINS AVENUE APT. 301 MIAMI BEACH, FL 33140-2530				7. Name and Address of New Registered Agent 2355 BISCAYNE BAY DR NORTH MIAMI FL 33181	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RUIZ, ORLANDO 5401 COLLINS AVENUE APT. 301 MIAMI BEACH, FL 331402530 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2355 BISCAYNE BAY DR NORTH MIAMI FL 33181	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD ESTARELLA, MARIA C 5401 COLLINS AVENUE APT. 301 MIAMI BEACH, FL 331402530 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2355 BISCAYNE BAY DR NORTH MIAMI FL 33181	
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	
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: 			MARIA C. ESTARELLA VICE-PRESIDENT		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 03/19/04 Daytime Phone # (305) 325-8787		

54039070



03222004 Chg-P CR2E034 (10/03)