

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

Suite, Apt. #, etc.

3. Mailing Address

2355 BISCAYNE BAY DR

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

NORTH MIAMI FL

Zip

33136

Country

MIAMI-DADE

Zip

33181

Country

MIAMI-DADE

6. Name and Address of Current Registered Agent

RUIZ, ORLANDO  
5401 COLLINS AVENUE 2355 BISCAYNE BAY DR  
APT. 301  
MIAMI BEACH, FL 33140-2530 NORTH MIAMI FL 33181

4. FEI Number

02-0569920

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD  
NAME RUIZ, ORLANDO  
STREET ADDRESS 5401 COLLINS AVENUE APT. 301  
CITY-ST-ZIP MIAMI BEACH, FL 331402530

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

2355 BISCAYNE BAY DR  
NORTH MIAMI FL 33181

TITLE SVD  
NAME ESTARELLA, MARIA C  
STREET ADDRESS 5401 COLLINS AVENUE APT. 301  
CITY-ST-ZIP MIAMI BEACH, FL 331402530

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

2355 BISCAYNE BAY DR  
NORTH MIAMI FL 33181

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

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CITY-ST-ZIP

Change  Addition

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CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  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

MARIA C. ESTARELLA  
VICE-PRESIDENT

03/19/04 (305) 325-8787

SIGNATURE: *M. C. Estarella*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

04-23-2004 90207 031 \*\*\*150.00

54039070



03222004 Chg-P CR2E034 (10/03)