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May 04, 2005 8:00 am
Secretary of State
05-04-2005 90177 013 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

50047988

DOCUMENT # P02000113346

Name
YACHT TRANSPORT, INC.

Principal Place of Business	Mailing Address
SW 20TH STREET STE 210 DERDALE, FL 33315	2019 SW 20TH STREET STE 210 FT LAUDERDALE, FL 33315

1. Principal Place of Business	2. Mailing Address
Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Country / Zip / Country	Zip / Country

04102005 Chg-P OR6E094 (10/03)

4. FEI Number 52-2364028 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
E, RAOUL 3W 20TH STREET STE 210 AUDERDALE, FL 33315	Name: Claudia Winfield Street Address (P.O. Box Number is Not Acceptable): 2019 SW 20th Street Ste. 210 City: Ft Lauderdale FL Zip Code: 33315

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] 04/29/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) Date

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $500.00

8. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PTS KOOLHOF, KEES 2019 S.W. 20TH STREET, STE. 210 FORT LAUDERDALE, FL 33316	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
VP BEHRENS, FRANK 2019 S.W. 20TH STREET, STE. 210 FORT LAUDERDALE, FL 33316	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 alteration, with all other like empowered.

SIGNATURE: K Koolhof 29-04-2005
Electronic Signature of Officer or Director Required Date Daytime Phone #