P02000130123

(Requestor's Name) (Address)	800022414148
(City/State/Zip/Phone #)	09/08/0301084011 **35.00
law offices of WADIE A. ZACCA 8900 southwest 107th avenue, suite 205	5, miami, florida 33176
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the
undersigned corporation organized under the laws of the State of $\frac{F Or O}{C}$ submits the following statement in order to change its registered office or registered agent, or both, in the
State of Florida.
1. The name of the corporation: Coast Craft Boats, Inc.
2. The mailing address of the corporation: 10718 5W. 1884 54vel+
Miami, FL 33157
3. Date of incorporation/qualification: 12/11/02 Document number: P0200130
4. The name and address of the current registered agent and registered office:
(Renzo Sanchez E & T
Ad: The state of t
[Mam, FL 33170
5. The name and address of the new registered agent (if changed) and /or registered office (if changed):
Pavaras Torirs or
10718 SW 188th Street
Miami, FL 33157
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
Selento Tare 8/29/03
(Signature of an officer, chairman or vice chairman of the board) /(Date)
Eduardo Tarres, Jr.
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as
I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as
registered agent.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity: Edvardo Torres , Tr.
(Typed or Printed Name) (Capacity)

* * * FILING FEE: \$35.00 * * *