## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 16, 2004 8:00 am Secretary of State

DOCUMENT # P03000014133  1. Entity Name YACHT MAINTENANCE, INC.					04-16-2004 90060 043 ***150.00				
Principal Place of Business 757 SE 17TH STREET SUITE 153 FORT LAUDERDALE, FL 33316		Mailing Address 757 SE 17TH STREET SUITE 153 FORT LAUDERDALE, FL 33316			1 <b>(14</b> (1 <b>4</b> )	 			<b>110</b>
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04052004	Chg-P	CR2E03	94 (10/03)	*, * *
City & State		City & State			4. FEI Number 27-0045261		Applied For Not Applicable		
Zip	Country	Zip	=Coun	try	5. Certificate	of Status Desired		8.75 Add ee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
BERESFORD, MICHAEL A 757 SE 17TH STREET				Street Address (P.O. Box Number is Not Acceptable)					
SUITE 153 FORT LAU		j					<del>.</del>		
				City			FL	Zip Code	9
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 Find Trust Fund Contribution					00 May Be ed to Fees				
10,	OFFICERS AND DIE	RECTORS	11.		ADDITIONS/0	CHANGES TO OFFIC	CERS AND	DIRECTORS	3 IN 11
TITLE .NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSTD BERESFORD, MICHAEL A 757 SE 17TH STREET #153 FORT LAUDERDALE, FL 33316	☐ Delete	CITY- TITLE NAMI	ET ADDRESS ST-ZIP				☐ Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP-	* * *	خو سد م ـ		ST-ZIP			س د د	ا جانب	[د عنت دیدهد
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4	☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY	ET ADDRESS - ST- ZIP				☐ Change	Addition
12. I hereby of indicated	certify that the information supplied with this on this report or supplemental report is tru	s filing does not qualify for se and accurate and that m	the exer	mption stated in Secure shall have the s	ction 119.07(3)(i ame legal effect	), Florida Statutes. I as if made under or	further certi ath; that I ar	ly that the in	formation or director