


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 21, 2004 8:00 am**  
**Secretary of State**

07-21-2004 90029 015 \*\*\*150.00

**DOCUMENT # P03000035247**

1. Entity Name  
**L.A.G. YACHT REFINISHING, INC.**



Principal Place of Business  
**5604 NW 206TH LANE, LOT 886  
 OPA LOCKA, FL 33055**

Mailing Address  
**5604 NW 206TH LANE, LOT 886  
 OPA LOCKA, FL 33055**

**44049302**



2. Principal Place of Business  
**Mobile Marine Svc**

3. Mailing Address  
**5604 NW 206th**

Suite, Apt. #, etc.  
 Suite, Apt. #, etc. **Oplocka FL**

City & State  
**Oplocka FL**

City & State  
**Oplocka FL**

Zip  
**33055**

Country  
**USA**

Country  
**USA**

07132004 Chg-P CR2E034 (10/03)

4. FEI Number  
**16-1660956**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GONZALEZ, LUIS A  
 5604 NW 206TH LANE, LOT 886  
 OPA LOCKA, FL 33055**

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: *Luis A. Gonzalez* **OWNER** DATE: **7-17-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GONZALEZ, LUIS A</b> <b>5604 NW 206TH LANE, LOT 886</b> <b>OPA LOCKA, FL 33055</b>	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
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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)(l), 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: *Luis A. Gonzalez* DATE: **7-17-04** DAYTIME PHONE #: **305-795-7769**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LUIS A. GONZALEZ**