2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2008 08:00 AM Secretary of State **DOCUMENT # P03000050387** 1. Entity Name B & L BOATING CORP. Principal Place of Business Mailing Address 5901 N. BAYSHORE DRIVE 5901 N. BAYSHORE DRIVE MIAMI, FL 33157 MIAMI, FL 33157 No Chg-P CR2E034 (11/05) 02152008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE WEIL, BRUCE A 5901 N. BAYSHORE DRIVE MIAMI, FL 33157 IN THIS SPACE 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS **PSTD** TITLE WEIL. BRUCE NAME STREET ADDRESS 5901 N BAYSHORE DRIVE CITY-ST-ZIP MIAMI, FL 33137 TITLE U00000932013 05/22/08-80038-017 150.00 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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 received or flustee 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. 12. I hereby certify that the information su

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR