
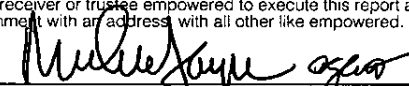


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90021 047 ***150.00

DOCUMENT # P03000050909 1. Entity Name PULLEN YACHT SERVICES, INC.					
Principal Place of Business 1887 W. STATE ROAD 84 FT. LAUDERDALE, FL 33315			Mailing Address 1887 W. STATE ROAD 84 FT. LAUDERDALE, FL 33315		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 01-0781481	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent NICHOLLS, GREGG E 1900 NW CORPORATE BLVD #400E BOCA RATON, FL 33431				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 _____ (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 Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PULLEN, IAN 1887 W. STATE ROAD 84 FT. LAUDERDALE, FL 33315	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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)(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 address with all other like empowered.					
SIGNATURE:  FEB 20, 2004 954 463-0555 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

54025254



Attachment
Doc. # P03000050909
57025254

MONTE FINO
CUSTOM YACHTS, INC.



COLONIAL
YACHT SALES

HARGRAVE
CUSTOM YACHTS

COLONIAL YACHT SALES, INC

1887 West State Road 84, Ft. Lauderdale, FL 33315

Tel: (954) 463-0555 - Fax: (954) 463-8621

Date: March 2, 2004

To: Florida Department of State, Division of Corporations

From: Michael F. Joyce, President Colonial Yacht Sales, Inc

Reference: PULLEN YACHT SERVICES, INC., Charter# P03000050909

Subject: Empowerment to sign Florida UBR

This is to certify that I, Michael F. Joyce am empowered to sign the Florida UBR for PULLEN YACHT SERVICES, INC. as agent.

A handwritten signature in black ink, appearing to read "Michael F. Joyce", with a long horizontal flourish extending to the right.

Michael F. Joyce
1887 West State Road 84
Ft. Lauderdale, FL 33315