2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000071816

1. Entity Name
FLORIDA YACHT SALES, INC.

FILED
04 MAY 18 PM 10: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04012004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
MIAMI BEACH MARINA 390 ALTON ROAD MIAMI BEACH, FL 33139 US	MIAMI BEACH MARINA 390 ALTON ROAD MIAMI BEACH, FL 33139 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number — [X] Applied For / [ ] Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EVERHARD, SUSAN W 1281 SOUTH VENETIAN WAY MIAMI, FL 33139	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 ______________________
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 Financing Trust Fund Contribution. [ ] **$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	Vice President Everhard, Susan 390 Alton Rd. Miami Beach, FL 33139 [ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition 05/25/04--01051--001 **750.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Robert Everhard 390 Alton Rd Miami Beach, FL 33139 [ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] 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: Susan W. Everhard — 4/14/04 — (305)532-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #