2007 FOR PROFIT CORPORATION

Jul 23, 2007 8:00 am Secretary of State ANNUAL REPORT 07-23-2007 90039 047 ***550.00 **DOCUMENT # P03000071816** 1. Entity Name FLORIDA YACHT SALES, INC. quiauv. Principal Place of Business Mailing Address MIAMI BEACH MARINA MIAMI BEACH MARINA 390 ALTON ROAD 390 ALTON ROAD MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07172007 CR2E034 (12/06) Chg-P City & State City & State 4. FEL Number Applied For 20-4276167 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EVERHARD, SUSAN W 1281 SOUTH VENETIAN WAY MIAMI, FL 33139 City 11ami Beach 8. The above named entity submits this statement for the purpose changing its registered office or registered agent, or both, in the State of Florida. Lam familiar the obligations of regis SIGNATURE (NOTE: Registered Agent sig 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution Due by September 14, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VΡ ☐ Defete HILE Change ☐ Addition EVERHARD, SUSAN NAME NAME STREET ADDRESS 390 ALTON RD STREET ADDRESS CHY-ST-ZIP MIAMI BEACH, FL 33139 CITY ST-ZIP TILLE ☐ Delete THLE Change ■ Addition EVERHARD, ROBERT NAME MAME STREET ADDRESS 390 ALTON RD STREET ADDRESS MIAMI BEACH, FL 33139 CITY-ST-7/P CITY-ST-7IP TITLE Delete III) E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY ST 709 Delete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 reduct 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

CITY - ST - ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE: _

CITY - ST - ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Change

☐ Addition

FILED