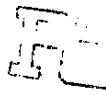


2008 FOR PROFIT CORPORATION ANNUAL REPORT



FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90165 001 ***308.75

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03272008 Chg-P CR2E034 (12/06)

DOCUMENT # P03000071816					
1. Entity Name FLORIDA YACHT SALES, INC.					
Principal Place of Business MIAMI BEACH MARINA 390 ALTON ROAD MIAMI BEACH, FL 33139 US		Mailing Address MIAMI BEACH MARINA 390 ALTON ROAD MIAMI BEACH, FL 33139 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-4276167	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SELL, DAVID 390 ATTON RD #3 MIAMI BEACH, FL 33139			Name <i>Sell David P.</i>		
			Street Address (P.O. Box Number is Not Acceptable) <i>Florida Yacht Charters & Sales Inc.</i>		
			<i>390 Alton Rd # 3</i>		
			City <i>Miami Beach</i>		FL Zip Code <i>33139</i>
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 <i>David P. Sell</i>			DATE <i>3/29/08</i>		
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, 2008 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	VP EVERHARD, SUSAN 390 ALTON RD MIAMI BEACH, FL 33139 <input checked="" 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	DVP EVERHARD, ROBERT 390 ALTON RD MIAMI BEACH, FL 33139 <input checked="" 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	DPST SELL, DAVID 390 ALTON RD #3 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DPST Sell, David P.</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>390 Alton Rd #3</i> <i>Miami Beach, FL 33139</i>		
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		
12. I hereby 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 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: <i>David P. Sell</i>			DATE <i>3/29/08</i>		Daytime Phone # <i>(610) 751-4719</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #