2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 06, 2006 08:00 AM **DOCUMENT # P03000073329 Secretary of State** 1. Entity Name MASTER YACHT SERVICE, INC. Principal Place of Business Mailing Address 1185 W 50 ST HIALEAH FL 33012 1185 W 50 ST HIALEAH FL 33012 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #. etc 1st MOORE CR2E034 (10/05) Applied For City & State 4. FEI Number City & State 56-2374964 Not Applicable \$8.75 Additional Zig Country Zip 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 POSADA, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 1185 W 50 ST HIALEAH FL 33012 City 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 DATE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstalling) FILE NOW!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Delete TITLE Change Addiilon 🔲 TITLE NAME NAME POSADA, MICHAEL 000000456950 STREET ACCRESS STREET ADDRESS 1185 W 50 ST 03/16/06 80050-004 150.00 CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 Add Mc Delete ☐ Change सारा NAME MAME STREET ADDRESS CHY-ST-ZIP CITY -ST - ZYP ☐ Delete TITLE ☐ Change noitibh& 🔲 SITLE NAME NAME STREET ADDRESS STREET ADDRESS CSTY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS C)TY -ST-ZIP CITY-ST-ZIP ☐ Change T Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Attended TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

ARPH

2/28/06 786.546-2099

FILED