

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2006 8:00 am
Secretary of State

06-08-2006 90002 046 ***150.00

DOCUMENT # P03000095584 1. Entity Name OPSPECIAL BOAT SALES INC.					
Principal Place of Business 1700 SE 15TH ST SUITE 315 FT LAUDERDALE, FL 33316			Mailing Address 1700 SE 15TH ST SUITE 315 FT LAUDERDALE, FL 33316		
2. Principal Place of Business OPSPECIAL BOAT SALES INC. Suite, Apt. #, etc. 242 CAMELOT DRIVE City & State TAVERNIER, FLA.		3. Mailing Address OPSPECIAL BOAT SALES INC. Suite, Apt. #, etc. 242 CAMELOT DRIVE City & State TAVERNIER FLA.			
Zip 33070		Country MONROE		06022006 Chg-P CR2E034 (11/05)	
4. FEI Number 51-0484162		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FERRANDIZ, OSCAR 1700 SE 15TH ST SUITE 315 FT LAUDERDALE, FL 33316			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERRANDIZ, OSCAR 1700 SE 15TH ST SUITE 315 FT LAUDERDALE, FL 33316		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	
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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>Oscar Ferrandiz</i> OSCAR FERRANDIZ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			6/6/06 9546294881 <small>Date Daytime Phone #</small>		