


**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jul 10, 2007 8:00 am
Secretary of State

07-10-2007 90006 043 ***150.00

DOCUMENT # <u>P03000095584</u>	
1. Entity Name <u>OPSPECIAL BOAT SALES INC</u>	

DO NOT WRITE IN THIS SPACE

40124050

CR2E034B (8/05)

2. Principal Place of Business <u>242 CAMELOT DRIVE</u>		3. Mailing Address <u>242 CAMELOT DRIVE</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>TAVERNIER, FLORIDA</u>		City & State <u>TAVERNIER, FLORIDA</u>	
Zip <u>33070</u>	Country <u>USA</u>	Zip <u>33070</u>	Country <u>USA</u>

4. FEI Number <u>51-0484162</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <u>OSCAR FERRANDIZ</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>242 CAMELOT DRIVE</u>	
City <u>TAVERNIER</u>	Zip Code <u>FL 33070</u>

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 Oscar Ferrandiz (NOTE: Registered Agent signature required when reinstating) DATE 8/31/07

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>OSCAR FERRANDIZ</u> <u>242 CAMELOT DRIVE</u> <u>TAVERNIER, FLA. 33070</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered

SIGNATURE: Oscar Ferrandiz DATE 954-6294881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

ATTACHMENT

4012405D

#P03000095584

To Whom It may concern, the operator told me to
tell you 2 years in a row you folks are not sent the
Renewal card. Please check my address or update your computer
I'm sending it as soon I get 4 weeks later, please let me know.

954-6294881

GreatFunday