

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Sep 22, 2004 8:00 am
Secretary of State

09-03-2004 90002 023 ***150.00

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MOORE CR2E034 (4/04)

DOCUMENT # P03000110968					
1. Entity Name JONIE BOAT REPAIRS INC.					
Principal Place of Business 617 NW 6TH AVE FORT LAUDERDALE FL			Mailing Address 617 NW 6TH AVE FORT LAUDERDALE FL		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-0289673	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUZMAN, NIEVES J 19010 NW 57 AVE #110 MIAMI FL 33015			7. Name and Address of New Registered Agent Name GUZMAN, NIEVES J. Street Address (P.O. Box Number is Not Acceptable) 14020 NE 18th ST #2 Fort Lauderdale City FL Zip Code 33306		
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>Nieves J. Guzman</i> NIEVES J. GUZMAN DATE 08-28-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when renewing)</small>					
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>		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	DP BORRE, JOSE M 19010 NW 57 AVE #110 MIAMI FL 33015 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BORRE JOSE M. 617 NW 6AVE FORT LAUDERDALE FL 33311. <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GUZMAN, NIEVES J 19010 NW 57 AVE #110 MIAMI FL 33015 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GUZMAN NIEVES J. 617 NW 6AVE FORT LAUDERDALE FL 33311. <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Nieves J. Guzman</i> NIEVES J. GUZMAN DATE 08-28-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					