

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 02, 2005 8:00 am**  
**Secretary of State**

06-02-2005 90003 027 \*\*\*158.75

<b>DOCUMENT # P03000110968</b> 1. Entity Name <b>JONIE BOAT REPAIRS INC.</b>																																																																																																																																			
Principal Place of Business <b>617 NW 6TH AVE FORT LAUDERDALE FL</b>			Mailing Address <b>617 NW 6TH AVE FORT LAUDERDALE FL</b>																																																																																																																																
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																
City & State			City & State																																																																																																																																
Zip		Country		4. FEI Number <b>20-0289673</b>																																																																																																																															
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																																																																																																																															
6. Name and Address of Current Registered Agent <b>GUZMAN, NIEVES J 14020 NE 18TH ST # 2 FORT LAUDERDALE FL 33305</b>																																																																																																																																			
7. Name and Address of New Registered Agent Name <b>GUZMAN NIEVES J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>14020 NE 18TH STREET #2</b> <b>FORT LAUDERDALE.</b> City <b>FL</b> Zip Code <b>33305</b>																																																																																																																																			
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 <b>NIEVES J. GUZMAN.</b> DATE <b>04-06-05.</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>																																																																																																																																			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">DP</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">DP BORRE JOSE MARIA.</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>BORRE, JOSE M</td> <td></td> <td>NAME</td> <td>617 NW 6AVE.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>617 NE 8 AVE</td> <td></td> <td>STREET ADDRESS</td> <td>FORT LAUDERDALE FL 33311.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT LAUDERDALE FL 33311</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>DS</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>DS.</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>GUZMAN, NIEVES J</td> <td></td> <td>NAME</td> <td>GUZMAN NIEVES JOSE.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>617 NW 6 AVE</td> <td></td> <td>STREET ADDRESS</td> <td>617 NW 6AVE.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT LAUDERDALE FL 33311</td> <td></td> <td>CITY-ST-ZIP</td> <td>FORT LAUDERDALE FL 33311.</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	DP	<input type="checkbox"/> Delete	TITLE	DP BORRE JOSE MARIA.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	BORRE, JOSE M		NAME	617 NW 6AVE.		STREET ADDRESS	617 NE 8 AVE		STREET ADDRESS	FORT LAUDERDALE FL 33311.		CITY-ST-ZIP	FORT LAUDERDALE FL 33311		CITY-ST-ZIP			TITLE	DS	<input type="checkbox"/> Delete	TITLE	DS.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	GUZMAN, NIEVES J		NAME	GUZMAN NIEVES JOSE.		STREET ADDRESS	617 NW 6 AVE		STREET ADDRESS	617 NW 6AVE.		CITY-ST-ZIP	FORT LAUDERDALE FL 33311		CITY-ST-ZIP	FORT LAUDERDALE FL 33311.		TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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: <b>JOSE BORRE, H. PRESIDENT.</b> DATE <b>05-23-05.</b> DAYTIME PHONE <b>954-4631702.</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																			