

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90031 023 ***158.75

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

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

20-0289673

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUZMAN, NIEVES J
14020 NE 18TH ST

2
FORT LAUDERDALE FL 33305

Name

GUZMAN NIEVES J.

Street Address (P.O. Box Number is Not Acceptable)

1510 SW. 9 AVE.

FORT LAUDERDALE FL 33315

City

FL

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

[Signature]

NIEVES J. GUZMAN

02-22-06.

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME BORRE, JOSE MARIA
STREET ADDRESS 617 NE 6 AVE
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE DS ☐ Delete
NAME GUZMAN, NIEVES JOSE
STREET ADDRESS 617 NW 6 AVE
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT. ☐ Change ☐ Addition
NAME BORRE JOSE MARIA.
STREET ADDRESS 617 NW 6 AVE
CITY-ST-ZIP FORT LAUDERDALE FL 33311.

TITLE ☐ Change ☐ Addition
NAME GUZMAN NIEVES JOSE.
STREET ADDRESS 617 NW 6 AVE
CITY-ST-ZIP FORT LAUDERDALE FL 33311.

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature] President.

02-22-06.

904-4631702.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #