

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90019 032 ***150.00

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0289673

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUZMAN, NIEVES J
2221 CYPRESS BEND #601
POMPANO BEACH FL 33069

Name GUZMAN NIEVES JOSE
Street Address (P.O. Box Number is Not Acceptable)
2221 CYPRESS ISLAND DR #601
City POMPANO BEACH FL Zip Code 33069

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.

02-22-08

Signature, typed or printed name of registered agent and date. If applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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 ☐ Delete
NAME P
STREET ADDRESS BORRE, JOSE MARIA
CITY-ST-ZIP 617 NW 6TH AVE
FORT LAUDERDALE FL 33311

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

TITLE ☐ Change ☐ Addition
NAME DS.
STREET ADDRESS GUZMAN NIEVES JOSE.
CITY-ST-ZIP 617 NW 6 AVE
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] JOSE BORRE PRESIDENT.

02-27-08 954 463 1702

Date

Daytime Phone