## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 25, 2007 8:00 am Secretary of State DOCUMENT # P03000142844 04-25-2007 90193 012 \*\*\*158.75 1. Entity Name JUPITER POINTE MARINA, INC. 40004~~ Principal Place of Business Mailing Address 18745 SE FEDERAL HWY 18745 SE FEDERAL HWY TEQUESTA, FL 33469 TEQUESTA, FL 33469 2. Principal Place of Business - No P.O. Box # Mailing Address 416 Clematis St. 416 Gematis 02202007 Cha-P CR2E034 (12/06) City & State Palm 4. FEI Number Applied For 33-1077293 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUBENFELD, DAREN lumber is Not Acceptable) 18745 SE FEDERAL HWY TEQUESTA, FL 33469 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. the obligations of registered agent. SIGNATURE. (NOTE Registered Agent signature required when reinstating) Signature, typed or pri name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE TITLE Change Addition ☐ Delete MILLER, ROBERT L 416 Clematis St. NAME NAME STREET ADDRESS 18745 SE FEDERAL HWY STREET ADDRESS West Palm Bouch, FC CITY-ST-ZIP TEQUESTA, FL 33469 CITY - ST - ZIP ☐ Delete TITLE TITLE RUBENFELD, DAREN NAME 416 Clematis St. 18745 SE FEDERAL HWY STREET ADDRESS STREET ADDRESS West Palm Beach, TEQUESTA, FL 33469 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 it 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 AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

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