2004 FOR PROFIT CORPORATION

Apr 29, 2004 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P03000148550 04-29-2004 90344 037 ***150.00 1. Entity Name CHERRYWOOD YACHTS, INC. Mailing Address Principal Place of Business 6319-3 BAY CLUB DRIVE 6319-3 BAY CLUB DRIVE FT LAUDERDALE, FL 33308 FT LAUDERDALE, FL 33308 2. Principal Place of Business 3. Mailing Address W. GREENVIEW TEXRAGE GREENVIEW TERK 3631 3431 W. Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (10/03) 04272004 Chg-P City & State Margale Applied For City & State 4. FEI Number -3120300 Not Applicable 5. Certificate of Status Desired ______\$8.75. Additional Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Pieter WIERSEMA, PIETER A P.O. Box Number is Not Acceptable) 3 63 i W Creen Vill 6319-3 BAY CLUB DRIVE FT LAUDERDALE, FL 33308 MAKE Zip Code 33663 MARGAK, FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. A. Wieklina 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change . Addition TITLE. ☐ Delete TITLE rieter WICKSEMA WIERSEMA, PIETER A NAME NAME GREENVIEW TERR. 3431 W. STREET ADDRESS 6319-3 BAY CLUB DRIVE STREET ADDRESS MARGATE 33063 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE, FL 33308 ☐ Delete TITLE ☐ Addition TITLE STEPHANIC 5-0 po LAN GOPOIAN, STEPHANIE A NAME NAME GREENVIEW Terr 3131 W. 6319-3 BAY CLUB DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 33308 CITY-ST-7IP ☐ Delete TITLE Change - Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 addiess, with all other like empowered.

SIGNATURE:

FILED