2004 FOR PROFIT CORPORATION ANNUAL REPORT (AF) - 9

## Mar 11, 2004 8:00 am **Secretary of State DOCUMENT # P03000157205** 02-25-2004 90060 028 \*\*\*150.00 WORLD WIDE YACHT BROKERS, INC Principal Place of Business Mailing Address 66405441 77071 OVERSEAS HWY ISLAMORADA FL 33036 PO BOX 1722 ISLAMORADA FL 33036 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State Applied For City & State 4. FEI Number Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired fee:Required: 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREENFIELD, RICHARD Street Address (P.O. Box Number is Not Acceptable) 77071 OVERSEAS HWY ISLAMORADA FL 33036 City Zip Code. FL 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 familier with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 80 After May 1, 2004 Fee will be \$550.00 4 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change Addition GREENFIELD, RICHARD NAME NAME STREET ADDRESS 77071 OVERSEAS HWY STREET ADDRESS CITY-ST-ZIP ISLAMORADA FL 33036 CITY-ST-ZIP MUE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAME NAME STRFET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP. TIPLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP 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 accordate 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 received 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 attacking specially in address, with the incovered.

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