


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90147 013 ***150.00

DOCUMENT # P04000012372					
1. Entity Name OFFSHORE OUTDRIVES, INC.					
Principal Place of Business 4521 NE 21ST AVE SUITE 2 FT LAUDERDALE, FL 33308			Mailing Address 4521 NE 21ST AVE SUITE 2 FT LAUDERDALE, FL 33308		
2. Principal Place of Business 20061 NW 43rd Crt Suite, Apt. #, etc.		3. Mailing Address 20061 NW 43rd Crt Suite, Apt. #, etc.			
City & State Miami FL		City & State Miami FL		4. FEI Number 20-0621475	
Zip 33155		Country USA		Applied For Not Applicable	
Zip 33155		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name: Brian J. Jackson Street Address (P.O. Box Number is Not Acceptable): 20061 NW 43rd Crt Miami FL 33155		
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: <u>Brian J. Jackson</u>		(NOTE: Registered Agent signature required when reinstating)		DATE: <u>2/16/05</u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD JACKSON, BRIAN J 4521 NE 21ST AVE SUITE 2 FT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	20061 NW 43rd Crt. Miami, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME 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 address, with all other like empowered.					
SIGNATURE: <u>Brian J. Jackson</u>		Date: <u>2/16/05</u>		Daytime Phone #	