2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 10, 2006 08:00 AM Secretary of State DOCUMENT # P04000017460 1. Entity Name HM BOAT SERVICE, INC. Principal Place of Business Mailing Address 19665 NW49 CT 19665 NW49 CT MIAMI, FL 33055 MIAMI, FL 33055 06082006 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 20-0711912 Not Applicable te the tribulation of the second sector \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MEJIA, HECTOR 19665 NW 49 CT MIAMI, FL 33055 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS 150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Due by September 6, 2006 Trust Fund Contribution. . . . corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. TITLE MEJIA, HECTOR NAME 19665 NW 49 CT STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33055 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WR CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby 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 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: _

CITY-ST-Z/P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED