

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90050 018 ***150.00

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1. Entity Name
NAUTICAL REALTY, INC.



Principal Place of Business Mailing Address

2730 SW 3RD AVE 2730 SW 3RD AVE
 # 305 SUITE# 305
 MIAMI, FL 33129 MIAMI, FL 33129

2. Principal Place of Business - No P.O. Box 3. Mailing Address

4330 N. Bay Rd *4330 n. Bay Rd*

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Miami Beach, FL *Miami Beach, FL*

Zip Country Zip Country

33140 *USA* *33140* *USA*

9011



07052007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

20-0471122 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MENDIZABAL, SANDRA
 2730 SW 3RD AVE
 SUITE# 305
 MIAMI, FL 33129

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
4330 n. Bay Rd

City *Miami Beach* FL Zip Code *33140*

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]* DATE *7/5/07*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MENDIZABAL, SANDRA	2730 SW 3RD AVE. #305	MIAMI, FL 33129	<input type="checkbox"/>
S	MENDIZABAL, SANDRA	2730 SW 3RD AVE #305	MIAMI, FL 33129	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<i>4330 n. Bay Rd</i>	<i>Miami Beach, FL 33140</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<i>''</i>	<i>''</i>	<i>''</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *[Signature]* Date *7/5/07* Daytime Phone # *305-606-2018*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR