2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 29, 2006 8:00 am Secretary of State 03-29-2006 90114 014 ***150.00

DOCUMENT # P04000049577 1. Entity Name ACCURATE BOAT & YACHT SURVEYORS, INC.					Odlara			
Principal Place of Business 1481 NE 27TH ST POMPANO BEACH, FL 33064		Mailing Address 1481 NE 27TH ST POMPANO BEACH, FL 33064		7 40	,			
2. Principal P	lace of Business SW 15 Ave	3. Malling Address 1317 S.C.) Suite. Apt. #. etc.	T AVE			ii 4614 61819 (614) 61	# 18.811 I.B.	
City & State		Sity & State		01122006	Chg-P	CR2E034 (-	-0-45-
YOMP.	AND DENCY FL	KOMPANO DEL	ocu, FL	4. FEI Number 56-2447			Not	plied For t Applicable
3306		33060 0	ountry 1. 5. A.	5. Certificate of	of Status Desired	☐ \$8.	75 Addi Required	itional
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name								
SERDED MOLE								
POMPANO BEACH, FL 33064 Pontlano Beach 1317 SCO IST Au Street Address (P.O. Box Number is Not Acceptable) Pontlano Beach								
			City				Zip Code	
8. The shove		33060		lered agent, or both	in the State of Ea	FL		
 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								
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10,	OFFICERS AND D	11.	ADDITIONS/C	HANGES TO OFF			IN 11	
TITLE NAME	PTD SERRER, WOLF		TITLE NAME	_	- 66		Change	☐ Addition
STREET ADDRESS	1481 NE 27TH ST		STREET ADDRESS	3175	W/11	HUE		
CITY-ST-ZIP	POMPANO BEACH, FL 33064		CITY-ST-ZIP	onem	DEAL	4 FC	<u>330</u>	260
NAME			NAME			Ц	unange	L. Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADORESS CITY-ST-ZIP					
TITLE			TITLE				Change	☐ Addition
NAME		1	NAME			_	a.i.a.igo	
STREET ADDRESS City-St-Zip			STREET ADDRESS City-St-Zip					
TITLE		☐ Delete	TITLE		·		Change	Addition
NAME STREET ADDRESS			NAME Street address					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE			mLE .				Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP		(CITY-ST-ZIP					
TITLE NAME			TITLE		<u> </u>		Change	☐ Addition
STREET ADDRESS			NAME STREET ADDRESS					ļ
CITY-ST-ZIP			CITY-ST-ZIP					
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 eath; 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								

SIGNATURE: