FILED
May 31, 2005 8:00 am
Secretary of State

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05-05-2005 90098 029 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000053741

1. Entity Name
AZUL YACHT CORP.

66020388

04212005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
444 BRICKELL AVENUE, SUITE 300 MIAMI, FL 33131	444 BRICKELL AVENUE, SUITE 300 MIAMI, FL 33131
2. Principal Place of Business: 980 Mariner Drive	3. Mailing Address: 980 Mariner Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Key Biscayne FL	City & State: Key Biscayne FL
Zip: 33149 Country: USA	Zip: 33149 Country: USA

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORRIGAN, JOHN P
444 BRICKELL AVENUE, SUITE 300
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	COB	☐ Delete
NAME	CORRIGAN, JOHN P	
STREET ADDRESS	444 BRICKELL AVENUE, SUITE 300	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	DPS	☐ Delete
NAME	CORRIGAN, JOHN P	
STREET ADDRESS	444 BRICKELL AVENUE, SUITE 300	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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: ______________________ 04/28/2005 786-222-1904 305-5256150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #