## **2007 FOR PROFIT CORPORATION**

## **FILED** ANNUAL REPORT Apr 18, 2007 08:00 AM Secretary of State DOCUMENT # P04000057850 1. Entity Name CL YACHT BROKERAGE INC. Principal Place of Business Mailing Address 1411 NE 16 TERR 1411 NE 16 TERR FT LAUDERDALE, FL 33304 FT LAUDERDALE, FL 33304 No Chg-P CR2E034 (11/05) 04152007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 65-0635225 \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent LIPTAK, DEBRA DO NOT WRITE 1411 NE 16 TERR FT LAUDERDALE, FL 33304 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, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 0.745 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME LIPTAK, CHRISTOPHER STREET ADDRESS 1411 NE 16 TERR U00000714324 04/27/07-80019-009 150.00 CETY-ST-ZIP FT LAUDERDALE, FL 33304 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE STREET ADDRESS 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 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:** 

TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR MINTED NAME OF SIGNING OFFICER OR DIRECTOR