


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90075 001 ***150.00

DOCUMENT # P04000069208	
1. Entity Name NAUTICAL INTERNATIONAL YACHTS, INC.	

Principal Place of Business 270 174 ST BOX 10 SUNNY ISLES BEACH, FL 33160	Mailing Address 270 174 ST BOX 10 SUNNY ISLES BEACH, FL 33160
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50027900



2. Principal Place of Business 3665 NE 167 ST	3. Mailing Address 3665 NE 167 ST
Suite, Apt. #, etc. 308	Suite, Apt. #, etc. 308

03142005 Chg-P CR2E034 (10/03)

City & State NORTH MIAMI BEACH	City & State NORTH MIAMI BEACH
Zip FL	Country USA

4. FEI Number 20-1051263	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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CARTA, CLAUDIO 1374 SW 131 PL CIR EAST MIAMI, FL 33184	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	3665 NE 167 ST APT 308	
	City NORTH MIAMI BEACH	Zip Code FL 33160


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 	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARTA, CLAUDIO		NAME CLAUDIO CARTA	
STREET ADDRESS 1374 SW 131 PL CIR EAST		STREET ADDRESS 3665 NE 167 ST APT 308	
CITY-ST-ZIP MIAMI, FL 33184		CITY-ST-ZIP N. MIAMI BEACH FL 33160	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 	CLAUDIO CARTA PRESIDENT	Date 3/14/05	Daytime Phone #
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