

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90365 019 \*\*\*150.00

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03292006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P04000069208</b>	
1. Entity Name NAUTICAL INTERNATIONAL YACHTS, INC.	



Principal Place of Business 3665 NE 167 ST 308 NORTH MIAMI BEACH, FL 33160	Mailing Address 3665 NE 167 ST 308 NORTH MIAMI BEACH, FL 33160
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2. Principal Place of Business 4331 WINDING OAKS CIR	3. Mailing Address- 4331 WINDING OAKS CIR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MULBERRY FL	City & State MULBERRY FL
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Zip 33860	Country US	Zip 33860	Country US
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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 3665 NE 167 ST APT 308 NORTH MIAMI BEACH, FL 33160	Name CARTA CLAUDIO
	Street Address (P.O. Box Number is Not Acceptable) 4331 WINDING OAKS CIRCLE
	City MULBERRY
	FL Zip Code 33860

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: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	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 CARTA CLAUDIO	
STREET ADDRESS 3665 NE 167 ST, APT 308		STREET ADDRESS 4331 WINDING OAKS CIR	
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160		CITY-ST-ZIP MULBERRY FL 33860	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		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: CLAUDIO CARTA  
PRESIDENT 2/28/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #