2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 26, 2006 8:00 am Secretary of State

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DOCUMENT # P04000081420 06-26-2006 90002 046 ***150.00 1. Entity Name HOT YACHTZ, INC. Principal Place of Business Mailing Address 40096955 **429 SEABREEZE BLVD SUITE 225** 429 SEABREEZE BLVD SUITE 225 FT LAUDERDALE, FL 33316 FT LAUDERDALE, FL 33316 2. Principal Place of Business 2019 SW 200 ST Address W 20 = St. Suite, Apt. #, etc 05242006 Chq-P CR2E034 (11/05) 4 FFI Number Applied For 54-2152735 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KURTZ, ANGEL 429 SEABREEZE BLVD SUITE 225 FT LAUDERDALE, FL 33316 City changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this staten the obligations of registered agent. SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 ũ Due by September 6, 2006 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Delete TITLE ☐ Addition TITI F NAME KURTZ, ANGEL NAME 429 SEABREEZE BLVD SUITE 225 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 33316 CITY-ST-ZIP □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 likes appowered. SIGNATURE:

OFFICER OR DIRECTOR

SONATURE AND TOPED OR PRINTED NAME OF SI

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Principal Place of Business 2019 50 20 55. Mailing Address 2019 50 20 55. FT LAUDERDALE, FL 39316 33315 EPDVN FOW!\$ P04000081420 Principal Place of Business 2019 50 20 55. Mailing Address 2019 50 20 55. Expression of the second sec	ATTACHMENT HOU96955					
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KURTZ, ANGEL 429 OEABREEZE BLVD CUITE 225 2019 SW 20 SK 42 2 2 B FT LAUDERDALE, FL 30318 333/5	EPOPUXSJUF! JOUIJIT TOBDF					
9/ The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or priced name of registered agent and the flapsicable. (NOTE: Registered Agent algorithm required when refusating) DATE FILE NOWILL FEE IS \$550.00 If Election Campaign Financing 98/11 Nozitor! Due by September 8, 2006 Trust Fund Contribution.						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EPOPUXSJJF! JOUIJTTOBDF					
23/ I hereby certify that the information supplied with this filling does not qualify for the exemptions contain indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 6 changed, or on an attachment with an address, with all other like empowered. THOBUVSF; THOBUVSF; THOBUVSEPSORPACEEPSICEDEREDUCTORNAL TRUE TO THE EXEMPTION OF SPREAFOURS.	ie same legal effect as il made under oath; that I am an officer or director 🔠					