2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 12, 2007 08:00 A Secretary of State DOCUMENT # P04000086745 1. Entity Name SAILBOAT REALTY, INC. Principal Place of Business Mailing Address 3785 NW 82ND AVE SUITE 205 3785 NW 82ND AVE SUITE 205 MIAMI, FL 33166 US MIAMI, FL 33166 US CR2E034 (11/05) 04112007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1270561 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LOPEZ, GUILLERMO DO NOT WRITE 9 LENAPE DR MIAMI SPRINGS, FL, FL 33166 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 if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME LOPEZ, GUILLERMO STREET ADDRESS 9 LENAPE DR U00000703424 MIAMI SPRINGS, FL 33166 CITY-ST-7IP 04/20/07-80139-017 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

F005-P-11

305-455.0800

FILED

Daytime Phone #