

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90177 012 ***150.00

DOCUMENT # P04000165843					
1. Entity Name BRAD CARPENTER YACHT BROKERAGE CORP.					
Principal Place of Business 1323 SW 17TH STREET #614 FORT LAUDERDALE, FL 33316			Mailing Address 1323 SW 17TH STREET #614 FORT LAUDERDALE, FL 33316		
2. Principal Place of Business 1323 SE 17 th STREET Suite, Apt. #, etc. #614		3. Mailing Address 1323 SE 17 th STREET Suite, Apt. #, etc. #614			
City & State FORT LAUDERDALE, FL		City & State FORT LAUDERDALE, FL		02222005 Chg-P CR2E034 (10/03)	
Zip 33316		Country BROWARD		4. FEI Number 20-2046789	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent CHRISTOPHER D. NILES PA 3012 EAST COMMERCIAL BLVD. SUITE 200 FORT LAUDERDALE, FL 33308			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: DATE: 3/1/05					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PST NAME CARPENTER, BRAD STREET ADDRESS 1323 SE 17TH STREET CITY-ST-ZIP FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: BRAD CARPENTER 2/25/05 954-557-6753					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					