
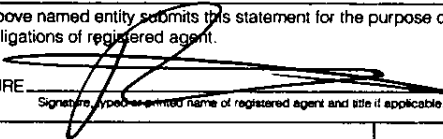
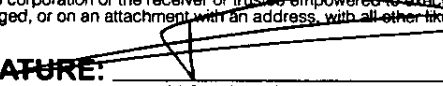


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90015 033 ***163.75

DOCUMENT # P05000013374. 1. Entity Name R.D. YACHTS INC.			
Principal Place of Business 2253 SW 21ST ST. MIAMI, FL 33145		Mailing Address 2253 SW 21ST ST. MIAMI, FL 33145	
2. Principal Place of Business - No P.O. Box # 2253 S.W. 21st St		3. Mailing Address 2253 S.W. 21st St	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State miami FL		City & State miami FL	
Zip 33145		Zip 33145	
Country U.S.		Country U.S.	
4. FEI Number 51-0536439		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAMAS, ROBERTO 8038 NW 187 TERR MIAMI, FL 33015		7. Name and Address of New Registered Agent Name Damas, Roberto Eugenio Street Address (P.O. Box Number is Not Acceptable) 2253 S.W. 21st St miami Florida City FL Zip Code 33145	
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 2/23/07 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
Republican			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME DAMAS, ROBERTO H STREET ADDRESS 8038 NW 187 TERR CITY - ST - ZIP MIAMI, FL 33015	<input checked="" type="checkbox"/> Delete	TITLE P, V, P, T, S NAME Damas, Roberto Eugenio STREET ADDRESS 2253 S.W. 21st St CITY - ST - ZIP miami, FL 33145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME DAMAS, ELSA STREET ADDRESS 8038 NW 187 TERR CITY - ST - ZIP MIAMI, FL 33015	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date 2/23/07 Daytime Phone #	