


FILED  
Mar 31, 2006 8:00 am  
Secretary of State

03-14-2006 90034 022 \*\*\*150.00

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # P05000015309</b>			
1. Entity Name GO-BLUE CHARTER YACHT MAINTENANCE, INC.			
Principal Place of Business 10265 MONTEGO BAY DRIVE MIAMI, FL 33189 US		Mailing Address 10265 MONTEGO BAY DRIVE MIAMI, FL 33189 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		03062006 Chg-P CR2E034 (11/05)	
		FEL Number 20-2239833	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  PETERSON, VINCENT 10265 MONTEGO BAY DRIVE MIAMI, FL 33189		7. Name and Address of New Registered Agent Name <u>Susan Petersen</u> Street Address (P.O. Box Number is Not Acceptable) <u>10265 Montego Bay Dr</u> <u>Miami</u> City <u>FL</u> Zip Code <u>33189</u>	
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: <u>Susan Petersen</u> <u>Susan Petersen</u> 3/16/06 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when "reinstating") DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	PSD E PETERSON, VINCENT 10265 MONTEGO BAY DRIVE MIAMI, FL 33189 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIT Petersen, Susan 10265 Montego Bay Dr Miami, FL 33189 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Susan Petersen</u> <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
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
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
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
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: <u>Susan Petersen</u> 3/10/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			