

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

03-13-2006 90079 020 ***150.00
04-10-2006 90340 045 ***150.00

DOCUMENT # P05000031121

1. Entity Name
U-BOAT PARTS, INC.



Principal Place of Business
% ROTH & SCHOLL
1500 SAN REMO AVENUE SUITE 176
CORAL GABLES, FL 33146

Mailing Address
% ROTH & SCHOLL
1500 SAN REMO AVENUE SUITE 176
CORAL GABLES, FL 33146



01312006 Chg-P CR2E034 (11/05)

2. Principal Place of Business
866 S. Dixie Hwy.
Suite, Apt. #, etc.

3. Mailing Address
866 S. Dixie Hwy.
Suite, Apt. #, etc.

City & State
Coral Gables, FL

City & State
Coral Gables, FL

Zip
33146

Country
USA

Zip
33146

Country
USA

4. FEI Number
20-4267468

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROTH, JEFFREY C
% ROTH & SCHOLL
1500 SAN REMO AVENUE SUITE 176
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
866 S. Dixie Hwy.

City
Coral Gables

FL

Zip Code
33146

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/31/06
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ROMERO, ANTHONY C
1500 SAN REMO AVENUE, SUITE 176
CORAL GABLES, FL 33146

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ROMERO, ANTHONY C.
866 S. Dixie Hwy
Coral Gables, FL 33146

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-2006

Date

305-670-7783

Daytime Phone #