

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 25, 2006 8:00 am
Secretary of State

08-04-2006 90017 004 ***150.00

DOCUMENT # P05000043262					
1. Entity Name LIPTAK'S NAUTICAL TREASURES, INC.					
Principal Place of Business 1411 NE 16 TERR FT LAUDERDALE FL 33304			Mailing Address 1411 NE 16 TERR FT LAUDERDALE FL 33304		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. Fil Number 20-2547432	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LIPTAK, CHRISTOPHER 1411 NE 16 TERR FT LAUDERDALE FL 33304				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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)					
FILE NOW!!! FEE IS \$550.00		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
DUE BY September 6, 2006		Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LIPTAK, CHRISTOPHER 1411 NE 16 TERR FT LAUDERDALE FL 33304	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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: 			Date: 7-28-06 Daytime Phone: 954-647-6623		