

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

ATX1

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAR 23 AM 11:03

DOCUMENT #	P05000131145
1. Entity Name	SEA STAR BOAT CORP

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2. Principal Place of Business 281 AMERICAN SPIRIT RD Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State WINTER HAVEN, FL		City & State	
Zip 33880	Country	Zip	Country

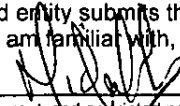
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4. FEI Number 20-3561802	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name MICHEL, EMILIO	
Street Address (P.O. Box Number is Not Acceptable) 157 HOMEWOOD CT	
City WINTER HAVEN	Zip Code 33880

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  MICHEL EMILIO A 1/29/2009

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MICHEL, EMILIO A 157 HOMEWOOD CT WINTER HAVEN, FL 33880
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  MICHEL, EMILIO A 1/29/2009 (863) 299-8215

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #