

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


APPROVED  
AND  
FILED

06 APR 26 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04252006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P05000154227</b>		
1. Entity Name <b>SOUTH EAST DIVERS &amp; YACHT RESTORATION INC.</b>		
Principal Place of Business <b>11750 SW 18TH ST #524 MIAMI, FL 33175</b>		Mailing Address <b>11750 SW 18TH ST #524 MIAMI, FL 33175</b>
2. Principal Place of Business <b>965 NW 10th Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>965 NW 10th Ave</b> Suite, Apt. #, etc.
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>
Zip <b>33136</b>	Country <b>USA</b>	Zip <b>33136</b> Country <b>USA</b>
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
SIPLE, CRISTINA M 11750 SW 18TH ST #524 MIAMI, FL 33175		Name <b>Cristina M Siple</b> Street Address (P.O. Box Number is Not Acceptable) <b>965 NW 10th Ave.</b> City <b>Miami</b> FL Zip Code <b>33136</b>
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 <b>C. Siple</b> <small>Signature, typed or printed name of registered agent and title (if applicable).</small>		<b>4-25-06</b> <small>DATE</small>
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PD SIPLE, CRISTINA M 11750 SW 18TH ST, #524 MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		PD Cristina M. Siple 965 NW 10th Ave Miami, FL 33136. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD PICADO, OSMANY 11750 SW 18TH ST, #524 MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		VPSD Osmany Picado 965 NW 10th Ave Miami, FL 33136 <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
		<b>600073415006</b> <b>05/01/06--01017--016 **150.00</b>
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: <b>C. Siple</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4-25-06 7863571464</b> <small>Date Daytime Phone #</small>

4/27/06