

P05000159901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

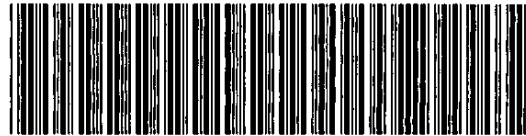
(Business Entity Name)

(Document Number)

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*to change*

T. Roberts JUN 20 2006

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: BISCAYNE YACHT SALES COMPANY  
(Name of Corporation)

DOCUMENT NUMBER: P05000159901

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRUNA CARRICARTE  
(Name of Contact Person)

BISCAYNE YACHT SALES COMPANY  
(Firm/Company)

P.O. Box 561644  
(Address)

MIAMI FL 33256-1644  
(City/State and Zip Code)

For further information concerning this matter, please call:

BRUNA CARRICARTE at (305) 798-4192  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 24, 2006

Bruna Carricarte  
Biscayne Yacht Sales Company  
P.O. Box 561644  
Miami, FL 33256-1644

SUBJECT: BISCAYNE YACHT SALES COMPANY  
Ref. Number: P05000159901

We have received your document for BISCAYNE YACHT SALES COMPANY and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Document Specialist

Letter Number: 206A00036420

*Tina*

*Thank for your help. Please see correction.*

*Chuck Carver*

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BISCAYNE YACHT SALES COMPANY  
2. The principal office address: 7001 SW 97 AVE  
MIAMI FL 33173  
3. The mailing address (if different): P. O. Box 561644  
MIAMI FL 33256-1644  
4. Date of incorporation/qualification: 12-07-2005 Document number: P05000159901  
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CARRICARTE, BRUNA  
~~7001 SW 97 AVE~~ 8770 SUNSET DRIVE 531  
MIAMI FL 33173

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CARRICARTE, BRUNA  
5101 COLLINS AVE  
(P.O. Box NOT acceptable)  
MIAMI BEACH FL 33140

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Bruna Carricarte  
(Signature of an officer or director)

BRUNA CARRICARTE /VP  
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Bruna Carricarte  
(Signature of Registered Agent)

05/11/2006  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314