2007 FOR PROFIT CORPORÂTION ANNUAL REPORT (AR)

9/7/2007-90001-010-\$550.00-\$550.00 SECRETARY OF STATE DOCUMENT # P05000167056 DIVISION OF CORPORATIONS 1. Entity Name AZUL WATERSPORTS, INC. 07 SEP 21 AMIL: 01 Principal Place of Business Mailing Address 104300 OVERSEAS HIGHWAY, KEY LARGO FL 33037 104300 OVERSEAS HIGHWAY, KEY LARGO FL 33037 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 104300 overseas Highway Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/07) City & State City & State 4. FEI Number Applied For FL 20 -Keu Not Applicable Country Zio Country \$8.75 Additional 5. Certificate of Status Desired \Box 33037 WSA Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARSDEN, KAROL K 104300 OVERSEAS HIGHWAY Street Address (P.O. Box Number is Not Acceptable) KEY LARGO FL 33037 City 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 . Signature, typind or consist rurne of represent agains and tills it amplicable (NOTE: Registerial Agent signature renuiring when revisibling) OATE FILE NOW!!! FEE IS \$550.00 DUE BY September 6 2007 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late lee. By checking this box, the corporation certifies it to not compared to the second se \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is:\$150.00:ex 37/1/40 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Defete HILE THILE Addition ☐ Change MARSDEN, KAROL K NAME 104300 OVERSEAS HIGHWAY STREET ADDRESS STREET ADDRESS KEY LARGO FL 33037 CJTY-ST-ZIP CITY-ST-7/P ☐ Delete TITLE TITLE ☐ Chance Addition MARSDEN, DOMINIC NAME 104300 OVERSEAS HIGHWAY STREET ADDRESS STREET ADORESS CHY-ST-ZIP KEY LARGO FL 33037 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Celete TITLE NAMO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP TITLE Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete RILL Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 77P CITY-ST-ZIP ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby certify that the information supplied with this fitting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. If 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 early, 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 SIGNATURE: O OFFICER OR DIRECTOR