

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000090842

1. Entity Name
SOUTH FLORIDA YACHT REFINISHERS, INC.



FILED

07 OCT 11 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
22316 CALIBRE COURT 22316 CALIBRE COURT
#1005 #1005
BOCA RATON, FL 33433 US BOCA RATON, FL 33433 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
5649 N.E. 5th terr. 5649 N.E. 5th terr.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Fort Lauderdale, FL Fort Lauderdale, FL
Zip Country Zip Country
33334 US 33334 US



09142007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
86-1172512 Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MORAN, KENNETH S
22316 CALIBRE COURT
#1005
BOCA RATON, FL 33433

7. Name and Address of New Registered Agent
Name Moran Kenneth S.
Street Address (P.O. Box Number is Not Acceptable) 5649 N.E. 5th terr.
City Fort Lauderdale FL Zip Code 33334

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 Kenneth Moran Kenneth Moran 9/23/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		
TITLE	PRES	<input checked="" type="checkbox"/> Delete
NAME	MORAN, KENNETH S	
STREET ADDRESS	22316 CALIBRE COURT, #1005	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	PRES	<input type="checkbox"/> Delete
NAME	Moran Kenneth S.	
STREET ADDRESS	5649 N.E. 5th terr.	
CITY-ST-ZIP	Fort Lauderdale FL	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Doreen Egenau	
STREET ADDRESS	5649 N.E. 5th terr.	
CITY-ST-ZIP	Fort Lauderdale FL 33334	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500110953585	
STREET ADDRESS	10/18/07--01089--012 **158.75	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Kenneth Moran Kenneth Moran 9/23/07 (954) 496-4813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #