2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State
05-02-2007 90041 018 ***150.00

DOCUMENT # P07000000123

1. Entity Name
STREAMLINE YACHT REFINISHERS, INC.

Principal Place of Business	Mailing Address
7990 HAMPTON BLVD UNIT 103 NORTH LAUDERDALE, FL 33068	7990 HAMPTON BLVD UNIT 103 NORTH LAUDERDALE, FL 33068

02102007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7990 Hampton Blvd	7990 Hampton Blvd
Suite, Apt. #, etc. 103	Suite, Apt. #, etc. unit 103
City & State North Lauderdale FL	City & State North Lauderdale FL
Zip 33068 Country	Zip 33068 Country

4. FEI Number 03-0609881 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAPTISTE, JEFFERSON J
7990 HAMPTON BLVD UNIT 103
NORTH LAUDERDALE, FL 33068

7. Name and Address of New Registered Agent

Name Jefferson John Baptiste
Street Address (P.O. Box Number is Not Acceptable)
7990 Hampton Blvd unit 103
City North Lauderdale FL Zip Code 33068

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 ____________________ (signed)
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
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** 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	CEO BAPTISTE, JEFFERSON J 7990 HAMPTON BLVD UNIT 103 NORTH LAUDERDALE, FL 33068	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: ____________________ (signed)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #