## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 11, 2008 8:00 am Secretary of State **DOCUMENT # P07000110574** 1. Entity Name 04-11-2008 90037 013 \*\*\*150 00 LUXURY YACHTS INTERNATIONAL INC. Principal Place of Business Mailing Address 2495 CAT CAY LANE 2495 CAT CAY LANE FORT LAUDERDALE, FL 33312 FORT LAUDERDALE, FL 33312 US US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P CR2E034 (12/06) 04082008 4. FELLIUMber 2316843 City & State City & State Applied For Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ATTAR, LAURIE Street Address (P.O. Box Number is Not Acceptable) 2699 STIRLING ROAD SUITE B-200 FORT LAUDERDALE, FL 33312 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE:18 \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change ☐ Addition KRANTZ, LINDA NAME NAME STREET ADDRESS 2495 CAT CAY LANE STREET ADDRESS FORT LAUDERDALE, FL 33312 CITY-ST-ZIP City-St-ZiP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filting 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.

FILED

SIGNATURE: