

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000058583

Entity Name: SAILBOARDS MIAMI, INC.

FILED  
Mar 10, 2009  
Secretary of State

## Current Principal Place of Business:

RICKENBACKER CAUSEWAY SITE E-1  
KEY BISCAYNE, FL 33149

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 490016  
KEY BISCAYNE, FL 33149

## New Mailing Address:

FEI Number: 65-0431412

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FRANKEL, EVAN D ESQ  
8025 BISCAYNE BLVD.  
MIAMI, FL 33138 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DE LEON, OVIDIO  
Address: 1935 S HIBISCUS DRIVE  
City-St-Zip: NORTH MIAMI, FL 33181

Title: V ( ) Delete  
Name: DE LEON, KAREN  
Address: 1935 S HIBISCUS DRIVE  
City-St-Zip: NORTH MIAMI, FL 33181

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OVIDIO DELEON

DIRE

03/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date