2004 FOR PROFIT CORPORATION

Apr 30, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P94000006737** 1. Entity Name 04-30-2004 90242 018 ***150.00 DANIA BOAT YARD, INC. Principal Place of Business Mailing Address 10 BRYAN ROAD 10 BRYAN ROAD <u>.</u>94075083 DANIA, FL 33004 Companies of the control of the con DANIA, FL 33004 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282004 CR2E034 (10/03) Cha-P City & State City & State 4. FEI Number Applied For 65-0462744 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent M SPANO SPANO, CRAIG W: ~-Street Address (P.O. Box Number is Not Acceptable) 10 BRYAN RD **DANIA, FL 33004** 10 Bryan Road Zip Code Dania 33004 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. M SPANO, pres. 4/28/2004 SIGNATUR (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be 門原語 可動在 1.25 可酸钠 FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS Delete Addition TITLE TITLE Change President SPANO, CRAIG W NAME NAME M. SPANO 10 BRYAN ROAD STREET ADDRESS STREET ADDRESS DANIA, FL 33004 CITY-ST-ZIP 10 S Bryan Rd, Dania FL 33004 CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TRLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 required provided that my name appears in Block 10 or Block 11 if changed, or on an all accurate that a address, with all other like empowered.

SIGNATURE:

M.SPANO

4/28/04

954-927-6828

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR