2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 16, 2007 08:00 AN Secretary of State DOCUMENT # P94000027175 1. Entity Name HIGH SEAS YACHT SERVICE, INC. Principal Place of Business Mailing Address 2001 SW 20 STREET BAY 111 FORT LAUDERDALE FL 33315 2001 SW 20 STREET BAY 111 FORT LAUDERDALE FL 33315 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0481844 Not Applicable Zip Zip Country Country \$8.75 Additional Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo WAKSMAN, DONALD Street Address (P.O. Box Number is Not Acceptable) 2001 SW 20TH STREET, # 111 FORT LAUDERDALE FL 33315 City Zip Code 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition TITLE ☐ Defete Change HILE M000000711186 WAKSMAN, DONALD NAME NAME 04/25/07-80073-006 150.00 2001 SW 20TH ST, # 111 SURFEL ADORESS STREET ADDRESS FORT LAUDERDALE FL 33315 CITY - SE-7/P CITY - ST- 7IP Change IIILE ☐ Delete IIILE Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-/IP CHY-SI-7P ☐ Defele Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY - ST - 7IP ☐ Addition ☐ Delete Change STREET ADDRESS STREET ADDRESS CHY-SI-7IP CHY-S1-ZIP ☐ Change ☐ Addition TITLE ☐ Defete THE NAME NAME STRELT ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutos. I further certify that the information

indicated on this report of supplies and that me and accurate and that my signature shall have the same logal effect as if made under eath; that I am an officer or director of the corporation or the receiver of tustee 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: