


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2008 08:00 A
Secretary of State

DOCUMENT # P94000028585

1. Entity Name
YACHT MASTERS, INC.



Principal Place of Business Mailing Address

**3001 SR 84
 FORT LAUDERDALE FL 33312
 US** **P.O. BOX 350125
 FT. LAUDERDALE FL 33335
 US**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

65-0483222 Not Applicable

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

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1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent

**MILLER, RONALD L
 601 S OCEAN DR
 HOLLYWOOD FL**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! - FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

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10. OFFICERS AND DIRECTORS	
TITLE	S <input type="checkbox"/> Delete
NAME	MAGALY R MORRIS
STREET ADDRESS	524 ORTON AVENUE APT 404
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	P <input type="checkbox"/> Delete
NAME	DE LA TORRE, NELSON
STREET ADDRESS	14941 N SARON CIR
CITY-ST-ZIP	DAVIE FL 33331
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000864543
CITY-ST-ZIP	04/04/08-80019-002 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **NELSON DeLa Torre** Date: **3/17/08** Daytime Phone #: **954-629-3058**