2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000030754

1. Entity Name
SAILAWAY YACHT CHARTER CONSULTANTS, INC.

Principal Place of Business	Mailing Address
15605 S.W. 92ND AVE. MIAMI, FL 33157-1972 US	15605 S.W. 92ND AVE. MIAMI, FL 33157-1972 US

DO NOT WRITE IN THIS SPACE

01252005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0502893	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ARAIZA, JAMES
15605 S.W. 92ND AVE.
MIAMI, FL 33157

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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 re-instating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees	U000000215670 02/05/05-80019-004 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	SHEEDER, JANA
STREET ADDRESS	15605 S.W. 92ND AVE.
CITY-ST-ZIP	MIAMI, FL 331571972

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing 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 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: _____ Jim Araiza _____ 1/31/05   305-253-7245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #