2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2005 08:00 AM Secretary of State

DOCUMENT # P9400057477 1. Entity Name HIDEAWAY YACHT SÁLÉS, INC.			,		Secretary of State			
599 SOUTH I	e of Business FEDERAL HIGHWAY EACH, FL 33062	Mailing Address 599 S. FEDERAL HWY POMPANO BEACH, FL	US		אורה ווורה וווחה ונטוע נונעי ע	I osal ona ada etak teri aeri as	(11) (; ! T)	
2. Principal Place of Business		3. Mailing Address		· · · · · · · · · · · · · · · · · · ·				
Suite, Apt, #, etc.		Suite, Apt. #, etc		· - · - · - · - · - · - · · - · · - ·	04222005	Chg-P	CR2E034 (10/03)	
City & Stati	8	City & State		-	4. FEI Numb 59-439			plied For t Applicable
Zip			Coun	try	<u> </u>	of Status Desired	S8.75 Add Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
MASTRIAN 1500 NOR SUITE 200	VA, F. RONALD ESQ TH FEDERAL HIGHWAY			Street Address ((P.O. Box Numb	er is Not Acceptable	9)	
	DERDALĒ, FL 33304	.0 e. 		City			FL Zip Code	e
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								
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND		11.		ADDITIONS	/CHANGES TO OFF	ICERS AND DIRECTORS	
NAME STREET ADDRESS CITY-ST-ZIP	PSD — GAUDREAU, PIERRE 599 SOUTH FEDERAL HIGHWA' POMPANO BEACH, FL 33062	□ Delete Y		1		1100000 04/30/05	□ Change 0346470 -80078-005 19	□ Addition 38.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAUDREAU, ANDRE 599 SOUTH FEDERAL HIGHWA POMPANO BEACH, FL 33062	☐ Delete					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete					Change	Addition
NITLE NAME STREET ADDRESS CITY-ST-ZIP	-	□ Deïele		J			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete				_	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		□ Delete	City	EET ADDRESS ST-ZIP			☐ Change	☐ Addition
12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes 1 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 attuckment with an address, with all other like empowered.								
SIGNATURE LOW JOUGHE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CAUDREAU 4-5.65 954943 3200								