

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90077 018 ***150.00

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|--|---|--|---|---|---|--|
| DOCUMENT # P95000009089 | | | | | | |
| 1. Entity Name SUNSEEKER USA, INC. | | | | | | |
| Principal Place of Business 2001 SW 20TH STREET BLDG. B, BAYS 105 & 106 FORT LAUDERDALE, FL 33315 | | | Mailing Address 200 EAST LAS OLAS BLVD. STE 1900 FT. LAUDERDALE, FL 33301 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | |
| City & State | | City & State | | | | |
| Zip | Country | Zip | Country | 02282005 Chg-P CR2E034 (10/03) | | |
| 4. FEI Number 65-0567900 | | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | | |
| BRINKLEY, W. MICHAEL 200 EAST LAS OLAS BLVD. STE 1900 FT. LAUDERDALE, FL 33301 | | | 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 reinstating) | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SQUIBB, MARY 200 E. LAS OLAS BLVD., SUITE 1900 FT. LAUDERDALE, FL 33301 | | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Sean Robertson D, T 200 E. Las Olas Blvd., Suite 1900 Ft. Lauderdale, FL 33301 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VFDS FACKRELL, ROBERT W 200 E LAS OLAS BLVD STE 1900 FT. LAUDERDALE, FL 33301 | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HATCHARD, MARK 2001 SW 20TH ST., SUITE 106B FORT LAUDERDALE, FL 33315 | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPDR BRAITHWAITE, ROBERT 200 E. LAS OLAS BLVD., SUITE 1900 FT LAUDERDALE, FL 33301 | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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: _____ | | | Sean Robertson, Treasurer | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date 02/28/05 (954) 214-4332 | | | |