

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000017918					
1. Entity Name ENTERPRISES YACHT SALES INC.					
Principal Place of Business 2189 W. 60TH STREET, STE. 205 HIALEAH FL 33016			Mailing Address 2189 W. 60TH STREET, STE. 205 HIALEAH FL 33016		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0708002	
5. Certificate of Status Desired ☒				Applied For Not Applied	
6. Name and Address of Current Registered Agent FANO, JOSE E 2189 W. 60TH STREET, STE. 205 HIALEAH FL 33016				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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Trust Fund Contribution. ☐ Added to Fee	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PT	☐ Delete	TITLE		☐ Change ☐ Add
NAME	FANO, JOSE E		NAME		
STREET ADDRESS	2189 W. 60TH STREET, STE. 205		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33016		CITY-ST-ZIP		
TITLE	VPS	☐ Delete	TITLE		☐ Change ☐ Add
NAME	FANO, TANIA		NAME		
STREET ADDRESS	2189 60TH STE 205		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33016		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E034 (10/05)

4. FEI Number **65-0708002**

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

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 _____
1/27/06 (305) 556-4282