2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000024474

1590 NW 27TH AVE

MIAMI, FL 33125

Address:

City-St-Zip:

Entity Name: NAUTICAL PARTS OF U.S.A., INC.

FILED May 13, 2008 Secretary of State

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
1590 N.W. MIAMI, FL	. 27TH AVENUE 33125				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
1590 N.W. MIAMI, FL	. 27TH AVENUE 33125	<u> </u>	9998 NW 26 ST DORAL, FL 33172		
FEI Number	: 65-0737918	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
COTO, XA 1590 N.W. MIAMI, FL	. 27TH AVENUE	<u> </u>			
	e named entity so e of Florida.	ubmits this statement for the	purpose of changing its registe	ered office or registered agent, or both,	
SIGNATUI					
	Electroni	c Signature of Registered Ag	ent	Date	
		(2)(b), F.S., the corporation did na Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	PD () I COTO, XAVIER 1590 N.W. 27TH MIAMI, FL 3312		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () I COTO, JAVIER 1590 N.W. 27TH MIAMI, FL 3312		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STD () I COTO, SILVIA 1590 N.W. 27TH MIAMI, FL 3312		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VD ()I	Delete	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: XAVIER COTO PD 05/13/2008