2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000028176

1. Entity Name
FLORIDA BOAT SLIP CORPORATION

Principal Place of Business	Mailing Address
% OBR 4833 COLLINS AVENUE, SUITE 1714 MIAMI BEACH, FL 33140	% OBR 4833 COLLINS AVENUE, SUITE 1714 MIAMI BEACH, FL 33140

DO NOT WRITE IN THIS SPACE

07012004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0663878
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301

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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 _____ DATE
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
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MURRAY, JACQUES G
STREET ADDRESS	4833 COLLINS AVE, 17TH FLOOR
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	DV
NAME	MURRAY, JEAN-JACQUES
STREET ADDRESS	4833 COLLINS AVE, 17TH FLOOR
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	DST
NAME	PILLOIS, JEAN CHRISTOPH
STREET ADDRESS	4833 COLLINS AVE, 17TH FLOOR
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	AS
NAME	SEBAG, EMANUEL
STREET ADDRESS	4833 COLLINS AVE, 17TH FLOOR
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000167308
07/22/04-80014-025 150.00

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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: _____ 7/04 (305) 672-6607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #