

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000028176 1. Entity Name FLORIDA BOAT SLIP CORPORATION	
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Principal Place of Business % OBR 4833 COLLINS AVENUE, SUITE 1714 MIAMI BEACH, FL 33140	Mailing Address % OBR 4833 COLLINS AVENUE, SUITE 1714 MIAMI BEACH, FL 33140
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01262005 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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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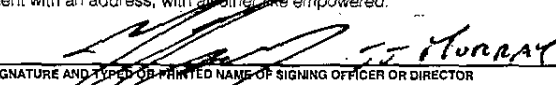
10. OFFICERS AND DIRECTORS

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

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03/16/05-80049-019 150.00

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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)(f), 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:  **23/2/05 (305) 672-6607**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #