2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000046163

1. Entity Name
BOATRIDES INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
401 BISCAYNE BLVD. MIAMI, FL 33136	555 NE 15 ST SUITE 102 MIAMI, FL 33132 US

01222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0622254
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SOFGE, CHARLES E
114 W SAN MARINO DR
MIAMI, FL 33132

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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
After May 1, 2004 Fee will be $550.00

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

U00000032067
02/04/04-80174-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	SOFGE, HALEY
STREET ADDRESS	2705 HILOLA
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	S
NAME	ALCALDE, SANTIAGO
STREET ADDRESS	3318 SW 20TH ST
CITY-ST-ZIP	MIAMI, FL
TITLE	P
NAME	THOMAS, JAMES
STREET ADDRESS	15211 SW 86TH AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	T
NAME	THOMAS, RICHARD
STREET ADDRESS	15610 SW 84TH CRT
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 1/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #