2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000035323

1. Entity Name

CORPORATE YACHT MANAGEMENT, INC.



04302004

Principal Place of Business

3111 STIRLING RD., STE 307 FORT LAUDERDALE, FL 33312

SIGNATURE:

Mailing Address

3111 STIRLING RD., STE 307 FORT LAUDERDALE, FL 33312

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

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CR2E034 (10/03)

No Chg-P

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	and the second of the second o	the second secon	1 - 118 - \$15Q				Not Applicable \$8.75 Additional	
				5. Certificate of Status Desired Fee Required				
	6. Name and Address of Current Regist	tered Agent	erran garkasuare,					
BEN I FARBSTEIN ESQ 3111 STIRLING RD., STE 307 FT LAUDERDALE, FL 33312			DO NOT WRITE IN THIS SPACE					
B. The above the obligati	named entity submits this statement for the pions of registered agent.	surpose of changing its register	ed office or re	egistered agent, or bo	oth, in the State of Flo	rida. I am I	amiliar with, and accept	
S(GNATURE_	Signature, typed or printed name of registered agent and title it	f applicable. (NOTE Begistere	ed Agent signature	required when reinstating)		DATE		
	E NOW!!! FEE IS \$150,00 ny 1, 2004 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		\$5.00 May Be Added to Fees		,		
10.	OFFICERS AND DIREC	TORS					remainment white or , produced a	
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTA FARBSTEIN, DIANE 3111 STIRLING RD., STE 307 FORT LAUDERDALE, FL 33312			· · · · · · · · · · · · · · · · · · ·	U00000 	150514 80010-	; -002 150.00	
fitte Vame Street address City-St-Zip				DO	NOT W	RITE	unic 1900 Admit	
ritle Vame Street address City - St - Zip			The various sections	IN .	THIS SP	ACE	# 4 4	
ITLE VAME SIREET ADORESS DITY+ST-ZIP		• • • • • • • • • • • • • • • • • • • •	anangkangkangkanguni	Andrew Communication and a series of a specifically				
title IAME Street Address City-St-Zip				<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>			
12. I hereby of indicated of the conchanged,	pertify that the information supplied with this fit on this report or supplemental report is true a poration or the receiver or trustee empowered or on angatechment with an address, with all	ling does not qualify for the exe and accurate and that my signs of to execute this report as requi other like empowered.	mption stated ture shall havined by Chapi	d in Section 119.07(3) the same legal effector 607, Florida Statuti	(i), Florida Statutes. I ct as if made under o es, and that my name	further cert ath; that I a appears in	ify that the information m an officer or director Block 10 or Block 11 if	