2004 FOR PROFIT PROPRATION AMENDED ANNUAL REPORT

	AMENDED AM	TOAL ILLI ON	· •		_					
DOCUMENT # P97000044929					FILED					
1. Entity Name YACHT INVESTMENTS CORP.					04 NOV 15 PM 12: 45					
				VE TREE		of Moa	12 Lu	12. 40		
Principal Place of Business Mailing Address 1897 PALM BEACH LAKES BLVD. 1897 PALM BEACH LAKES			S BLVD.		SECRETARY OF STATE TALLAHASSEE, FLORIDA					
SUITE 226 WEST PALM BEACH, FL 33409 SUITE 226 WEST PALM BEACH, FL 33409 WEST PALM BEACH, FL 33							ini sani sisii ti	oso some hidio si	Dillett II thes	
2. Principal Place of Business S. Fed. Huy. 201 3. Mailing Address 530 S. Federa										
Suite, Apt. #, etc. 530 S. Fede: Suite, Apt. #, etc. Suite, Apt. #, etc.			al High	1. 20	∅ 1 10202004 Chg-P CR2E034 (10/03)					
City & Star Dee	rfield Beach, Fl.	City & State Deerfield	Reach	Fl	4. FEI Number 65-075		· · · · · · · · · · · · · · · · · · ·	-+-`	pplied For ot Applicable	
Zip Country Zip C			Country U.S.A.			of Status Desired		\$8.75 Add	ditional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
TAVABALED & ACCOGNATES CDA DA				Name Robert G. Harri ^S						
WARNER & ASSOCIATES, CPA, PA 1697-PALM-BEACH-LAKES-BLVD.				Street Address (P.O. Box Number is Not Acceptable)						
SUITE 226			530 Federal Highway 201							
WESTPA	LM BEACH, FL 33409	City	City Deerfield Beach FL 334441							
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 Monte of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Amended AR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.	OFFICERS AND D	RECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTOR	S JN 11	
TITLE	D	Delete	TITLE			Presiden	t	Change	Addition	
NAME STREET ADDRESS	MILAN, JELIC 1768 LEN DRIVE		NAME STREET ADDRESS	1	ranko I					
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NAME		Delete	NAME			999423		Change		
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FAAME			NAME			/	WY		7	
STREET ADDRESS	•		STREET ADDRESS				'Y''	1111		
CifY-ST-ZIP	pertify that the information constitution at	nie filling does not graffin far the	CITY-ST-ZIP	ad in Co	tion 110 07/61**	\ Flowled = Oct. 1		11	t	
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 trusted 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: OSGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR										