

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P97000045817

1. Entity Name
BEST MARINE CARPENTRY, INC.



FILED

07 JUN 28 PM 1:55

STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
13200 SW 128 STREET
STE. F-2 C/O YVON JOLY
MIAMI, FL 33186

Mailing Address
13200 SW 128 ST.
STE. F-2 C/O YVON JOLY
MIAMI, FL 33186

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06222007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

65-0904886

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEJIA, JOSE G
2351 SW 34 STREET
FORT LAUDERDALE, FL 33312

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 Monthly

Added to Filing Fee

200105654952

06/08/07--01064--010 **70.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MEJIA, JOSE G
STREET ADDRESS 2351 SW 34 STREET
CITY-ST-ZIP FORT LAUDERDALE, FL 33312 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE V.P.
NAME MEJIA, ISABELLE
STREET ADDRESS 2351 SW 34 St.
CITY-ST-ZIP FORT LAUDERDALE, FL 33312 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/25/07

(Daytime Phone #)