2007 FOR PROFIT CORPORATION

May 02, 2007 8:00 am Secretary of State

ANNUAL REPORT

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05-02-2007 90068 013 ***150.00 DOCUMENT # P97000054876 CAPÉ HAZE YACHT SALES, INC. 40022523 Principal Place of Business Mailing Address 3200 BOYETTE STREET 3200 BOYETTE STREET ENGLEWOOD, FL 34224 ENGLEWOOD, FL 34224 Maling Ad 2. Principal Place of Business - No P.O. Box # Dox Suite, Apt. #, etc. Suite, Apt. #, etc 04092007 Cha-P CR2E034 (12/06) Applied For City & State 4. FEI Number 65-0763744 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WOMELDORPH, HOWARD R JR Street Address (P.O. Box Number is Not Acceptable) 7648 LOCKWOOD RIDGE ROAD SARASOTA, FL 34243 City 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change Addition HOKE, RONALD H NAME NAME 3200 BOYETTE STREET STREET ADDRESS STREET ADDRESS CHY-ST-ZIP ENGLEWOOD, FL 34224 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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. 1107 SIGNATURE: NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytyne Phone #