2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # P97000076824** 1. Entity Name 01-26-2005 90021 012 ***150.00 GLOBAL YACHT FUEL, INC. Principal Place of Business Mailing Address 412 SE 17THLSTREET 412'SE 17TH STREET FT LAUDERDACE, FL 33316 FT LAUDERDALE \$33316 US 3. Mailing Address P.O. BOX 1115 2. Principal Place of Business #3 BUGBY Suite, Apt. #, etc. Suite, Apt. #, etc. 01192005 CR2E034 (10/03) Cho-P CHRISTIANSTED, VI City & State 4. FEI Number Applied For CHRISTIANSTED 65-0778573 Not Applicable Zip DO821 Country USVI \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NAME MANTO SALVATORE MANTO, SALVATORE -5- Brie ples on Street Address (P.O. Box Number is Not Acceptable) 2550 EISENHOWER BLVD, STE 308 FORT LAUDERDALE, FL 33316 ADDRESS CHANGE 6220 N.E. ROAD LAUDERDALE 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 the obligations of registered agent. Pres 20-05 **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Detete PADRESS TITLE Change ☐ Addition TITLE MANTO, SALVATORE MANTO, SALVATORE NAME HALLE 6220 N.E. 21 ST ROAD 412-S.E. 17TH STREET CHANGE STREET ADDRESS STREET ADDRESS FORT LAUDERDALE, FL 33316 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE, FL 33308 TITLE Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZEP CITY-ST-ZIP [] Change ☐ Addition Delete TITO E TITLE NAME NAME STREET ADDRESS STREET ADDRESS COTY-ST-ZOP CITY-ST-ZIP Defete TITLE ☐ Change ☐ Addition MAUF WAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P 12. I hereby certin, that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Floride 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 inustee 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. **20**-05 SIGNATURE:

FILED

Jan 26, 2005 8:00 am