

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90027 017 \*\*\*150.00

**DOCUMENT # P97000083077**

1. Entity Name  
MEGA MARINE YACHT SERVICE, INC.



Principal Place of Business  
1601 SW 20TH ST  
FT. LAUDERDALE, FL 33315 US

Mailing Address  
2323 SW 26TH AVE  
FORT LAUDERDALE, FL 33312

34040104



03192004 Chg-P CR2E034 (10/03)

2. Principal Place of Business  
750 NE 7th Ave

3. Mailing Address

Suite, Apt. #, etc.  
3rd floor

Suite, Apt. #, etc.

City & State  
Dania FL

City & State

Zip  
33004 Country  
USA

Zip

Country

4. FEI Number  
65-0789343

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAPANIKOLAOU, ANASTASIOS B  
3201 NW 106TH AVE  
CORAL SPRINGS, FL 33065

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PAPANIKOLAOU, ANASTASIOS B  
2323 SW 26TH AVE  
FORT LAUDERDALE, FL 33312 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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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 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

Date

Daytime Phone #

Anastasios B. Papanikolaou 3/24/04 954-921-8170