

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90431 043 ***150.00

DOCUMENT # P98000087779

1. Entity Name
MONACO MARINE U.S.A., INC.



Principal Place of Business
**2015 S.W. 20TH STREET, SUITE 200
FORT LAUDERDALE, FL 33315-1858**

Mailing Address
**2015 S.W. 20TH STREET, SUITE 200
FORT LAUDERDALE, FL 33315-1858**

50018382



2. Principal Place of Business
2300 EAST LAS OLAS BLVD

3. Mailing Address
2300 EAST LAS OLAS BLVD

Suite, Apt. #, etc.
2ND FLOOR

Suite, Apt. #, etc.
2ND FLOOR

04272006 Chg-P CR2E034 (11/05)

City & State
FT. LAUDERDALE, FL

City & State
FT. LAUDERDALE, FL

4. FEI Number
65-0868697

Applied For
Not Applicable

Zip
33301

Country
USA

Zip
33301

Country
USA

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

6. Name and Address of Current Registered Agent

**OLLE, DENNIS J
2601 S BAYSHORE DRIVE
SUITE 1600
MIAMI, FL 33133**

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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HELMS, C. WAYNE**
STREET ADDRESS **2015 SW 20TH STREET, SUITE 200**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33315**

TITLE **D** ☐ Delete
NAME **DUROS, MICHEL**
STREET ADDRESS **22 ROUTE DE TREVES**
CITY-ST-ZIP **SENNINGERBERG L-2633,**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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: *x S. Wayne Helms*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06 (954) 462-0116
Date Daytime Phone #