


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000092154

1. Entity Name
MIAMI SKI NAUTIQUE, INC.



Principal Place of Business Mailing Address

3828 NW 2 AVE 3828 NW 2 AVE
MIAMI, FL 33127 US MIAMI, FL 33127 US

DO NOT WRITE IN THIS SPACE



01272006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0874277 Not Applicable

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

6. Name and Address of Current Registered Agent

MARX, JAMES ESQ.
FIRST UNION FINANCIAL CENTER
200 SOUTH BISCAYNE BLVD. #1870
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

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

U00000414785
02/11/06 00052 000 150.00

10. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	LAURSEN, HENRIK
STREET ADDRESS	65 NE 27 STREET
CITY - ST - ZIP	MIAMI, FL 33137
TITLE	VPD
NAME	SEIKALY, RONY
STREET ADDRESS	10829 N.W. 29TH STREET
CITY - ST - ZIP	MIAMI, FL 331725909
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE 1/24/06 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR