
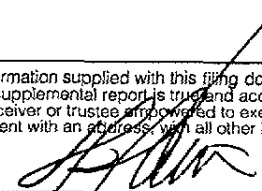


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P98000092154		
1. Entity Name MIAMI SKI NAUTIQUE, INC.		
Principal Place of Business 3828 NW 2 AVE MIAMI, FL 33127 US		Mailing Address 3828 NW 2 AVE MIAMI, FL 33127 US
DO NOT WRITE IN THIS SPACE		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000414785 02/11/06 00052-000 150.00
TITLE	PDT	DO NOT WRITE IN THIS SPACE
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	DO NOT WRITE IN THIS SPACE
CITY - ST - ZIP	MIAMI, FL 331725909	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DO NOT WRITE IN THIS SPACE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		DO NOT WRITE IN THIS SPACE
CITY - ST - ZIP		
TITLE		
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 		1/24/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #