

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P99000009219**

**1. Entity Name**  
**COMPETITION BOATS INC.**



**Principal Place of Business**  
**4500-4510 E 10TH LANE**  
**HIALEAH, FL 33013**

**Mailing Address**  
**4500-4510 E 10TH LANE**  
**HIALEAH, FL 33013**



04042007 No Chg-P CR2E034 (11/05)

**4. FEI Number**  
**65-0891333**

**Applied For**  
**Not Applicable**

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**CORREA, ELENA**  
**7268 WEST 30TH COURT**  
**HIALEAH, FL 33018**

**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**

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, 2007 Fee will be \$550.00**

**9. Election Campaign Financing**  
**Trust Fund Contribution.**

☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>O</b>
<b>NAME</b>	<b>CORREA, MANUEL</b>
<b>STREET ADDRESS</b>	<b>7268 WEST 30TH COURT</b>
<b>CITY- ST- ZIP</b>	<b>HIALEAH, FL 33018</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>	

*PD* *4/4/07*  
*#2854*

**DO NOT WRITE  
IN THIS SPACE**

U000000699531  
04/19/07-80046-010 150.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/4/07*

Date

Daytime Phone #