

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90013 021 ***150.00

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1. Entity Name

DARBY MARINE, INC.



Principal Place of Business

3890 PARK CENTRAL BLVD N
POMPAHO BEACH, FL 33064 US

Mailing Address

865 MERRICK AVE
WESTBURY, NY 11590 US

24027730



01052004

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0948457

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
C/O UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD. SUITE 508
MIAMI, FL 33156

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DCOB
ASHKIN, MICHAEL
3890 PARK CENTRAL BLVD-N
POMPAHO BEACH, FL 33064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOD
ASHKIN, CARL
865 MERRICK AVE
WESTBURY, NY 11590

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KAHN, LAURA
865 MERRICK AVE
WESTBURY, NY 11590

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
ASHKIN, SHEILA
3890 PARK CENTRAL BLVD-N
POMPAHO BEACH, FL 33064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
KAHN, LAURA
865 MERRICK AVE
WESTBURY, NY 11590

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
SORACI, JUSTINA
865 MERRICK AVE
WESTBURY, NY 11590

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IN THIS SPACE**

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 #