


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90223 009 \*\*\*150.00

<b>DOCUMENT # P99000049595</b> 1. Entity Name <b>DARBY MARINE, INC.</b>					
Principal Place of Business <b>3890 PARK CENTRAL BLVD N</b> <b>POMPANO BEACH, FL 33064</b> <b>US</b>			Mailing Address <b>865 MERRICK AVE</b> <b>WESTBURY, NY 11590</b> <b>US</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>300 Jericho Quadrangle</b> Suite, Apt. #, etc.			
City & State		City & State <b>Jericho, NY</b>		4. FEI Number <b>65-0948457</b>	
Zip <b>11753</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>UNITED CORPORATE SERVICES, INC.</b> <b>C/O UNITED CORPORATE SERVICES, INC.</b> <b>9200 SOUTH DADELAND BLVD. SUITE 508</b> <b>MIAMI, FL 33156</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCOB</b> <b>ASHKIN, MICHAEL</b> <b>3890 PARK CENTRAL BLVD-N</b> <b>POMPANO BEACH, FL 33064</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOD</b> <b>ASHKIN, CARL</b> <b>865 MERRICK AVE</b> <b>WESTBURY, NY 11590</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO D</b> <b>Carl Ashkin</b> <b>300 Jericho Quadrangle</b> <b>Jericho, NY 11753</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KAHN, LAURA</b> <b>865 MERRICK AVE</b> <b>WESTBURY, NY 11590</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S D</b> <b>Laura Kahn</b> <b>300 Jericho Quadrangle</b> <b>Jericho, NY 11753</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ASHKIN, SHEILA</b> <b>3890 PARK CENTRAL BLVD-N</b> <b>POMPANO BEACH, FL 33064</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>KAHN, LAURA</b> <b>865 MERRICK AVE</b> <b>WESTBURY, NY 11590</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>SORACI, JUSTINA</b> <b>865 MERRICK AVE</b> <b>WESTBURY, NY 11590</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>Justina Soraci</b> <b>300 Jericho Quadrangle</b> <b>Jericho, NY 11753</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>Justina Soraci, Asst Secy</i>			Date <b>4-18-05</b> Daytime Phone #		