

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90015 008 \*\*\*150.00

<b>DOCUMENT # P99000049595</b> 1. Entity Name <b>DARBY MARINE, INC.</b>					
Principal Place of Business <b>3890 PARK CENTRAL BLVD N POMPAÑO BEACH, FL 33064 US</b>			Mailing Address <b>300 JERICO QUADRANGLE JERICO, NY 11753 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0948457</b>	
Zip		Country		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. C/O UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD. SUITE 508 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOB ASHKIN, MICHAEL <input type="checkbox"/> Delete 3890 PARK CENTRAL BLVD-N POMPAÑO BEACH, FL 33064		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOB <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ashkin, Michael 800 Corporate Dr-Ste 208 Ft Lauderdale, FL 33334	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ASHKIN, CARL <input type="checkbox"/> Delete 300 JERICO QUADRANGLE JERICO, NY 11753		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KAHN, LAURA <input type="checkbox"/> Delete 300 JERICO QUADRANGLE JERICO, NY 11753		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ASHKIN, SHEILA <input type="checkbox"/> Delete 3890 PARK CENTRAL BLVD-N POMPAÑO BEACH, FL 33064		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ashkin, Sheila 800 Corporate Dr-Ste 208 Ft Lauderdale, FL 33334	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GORDON, JUSTINA <input type="checkbox"/> Delete 300 JERICO QUADRANGLE JERICO, NY 11753		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Caputo, Michael 300 Jericho Quadrangle Jericho, NY 11753	
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.					
<b>SIGNATURE:</b> <i>Justin Gordon</i> <i>Justin Gordon</i> <i>3/7/07</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40040219



02222007 Chg-P CR2E034 (12/06)

4. FEI Number  
65-0948457  
Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 ☐ Delete  
3890 PARK CENTRAL BLVD-N  
POMPAÑO BEACH, FL 33064

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
ASHKIN, CARL ☐ Delete  
300 JERICO QUADRANGLE  
JERICO, NY 11753

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
KAHN, LAURA ☐ Delete  
300 JERICO QUADRANGLE  
JERICO, NY 11753

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
GORDON, JUSTINA ☐ Delete  
300 JERICO QUADRANGLE  
JERICO, NY 11753

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
Caputo, Michael ☐ Change ☒ Addition  
300 Jericho Quadrangle  
Jericho, NY 11753

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SIGNATURE: *Justin Gordon* *Justin Gordon* *3/7/07*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #