

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90738 037 ***150.00

DOCUMENT # P99000085067

1. Entity Name
TOY STORE YACHT GROUP, INC.



Principal Place of Business
**2703 S FEDERAL HWY
DELRAY BEACH, FL 33483**

Mailing Address
**2703 S FEDERAL HWY
DELRAY BEACH, FL 33483**



2. Principal Place of Business
**1815 GRIFFIN ROAD
SUITE 301
DANIA BEACH
33004
BROWARD**

3. Mailing Address
**1815 GRIFFIN ROAD
SUITE 301
DANIA BEACH
33004
BROWARD**

04222004 Chg-P CR2E034 (10/03)

4. FEI Number
94-3340665

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**ADLER, SIDNEY
400 LESLIE DRIVE
#215
HALLANDALE, FL 33304**

7. Name and Address of New Registered Agent
Name **SIDNEY ADLER**
Street Address (P.O. Box Number is Not Acceptable)
1815 GRIFFIN ROAD
City **DANIA BEACH** FL Zip Code **33004**

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 **SIDNEY ADLER** DATE **4/22/04**
(NOTE: Registered Agent signature required when reinstating)

**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	PTSD WOLOSKY, PETER 2703 S FEDERAL HIGHWAY DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD PETER WOLOFSKY 6017 LE LAC ROAD BOCA RATON, FL 33496 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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: **PETER WOLOFSKY** DATE **4/22/04** DAYTIME PHONE # **954 925 2990**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR