2008 FOR PROFIT CORPORATION

ANNUAL REPORT (AR)					
DOCUMENT # P9900091489 1. Entity Name				FILED	
MARINA MILE YACHT SALES, INC.				2008 SEP 16 PM 3: 32	
Principal Place of Business Mailing Address				SECRETARY OF STATE	
3001 STATE ROAD 84 6101 UMBRELLA TREE I FT. LAUDERDALE FL 33312 TAMABAC FL 33319			N	TALLAHASSEE ELORIOA	10 (Bi(BO) 11 100)
		iged			
118		3. Mailing Address	5 Stre	et	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		2nd MOORE CR2E034 (4/08)	
City & State		Diantation, FL		4. FEI Number 65-0954533 Applied For Not Applicable	
Zip	Country	^{zi} 33325	Broward	5. Certificate of Status Desired	
	6. Name and Address of Current F	legistered Agent	7. Name and Address of New Registered Agent Name		
WICKMAN, JOHN T PRESIDE 6101 UMBRELLA TREE LANE TAMARAC FL 33319			Street Address (P.O. Box Number is Not Acceptable)		
			City	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 agnature required enem reinstating) DATE On the printed name of registered agent and title if applicable.					
FILE NOW!!!- FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution. Added to Fees					
		r notice. Fee to file	is \$150.00.		
TITLE	P OFFICERS AND E	Delete	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
NAME			NAME	I	
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS	300136101313 09/18/0801039018 **550.00	
TITLE	FT. LAUDERDALE FL 33312 VP	☐ Delete	CITY-ST-ZIP TITLE	□ Chang	e
NAME	WICKMAN, STACY L	∟ Detete	NAME	Chang	e
STREET ADDRESS			STREET ADDRESS		İ
CITY-ST-ZIP	FT. LAUDERDALE FL 33312		CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE NAME	☐ Chang	e 🔲 Addition
STREET ADDRESS			STREET ADDRESS		-
CITY-ST-ZIP	(80)	·-·	CITY-ST-ZIP		
FITLE		☐ Delete	TITLE	Chang	e 🔲 Addition
STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Chanç	e 🔲 Addition
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Chang	e 🔲 Addition
NAME			NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
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					

reflectly certify that the information supplied with this littly does not quality for the exemptions contained in chapter 119. Florida Statutes. If turner 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 appear with an address, with all other like empowered.

SIGNATURE: