

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90082 015 \*\*\*150.00

<b>DOCUMENT # P99000091857</b> 1. Entity Name <b>POWER YACHT INTERNATIONAL SALES, INC.</b>					
Principal Place of Business <b>9895 NW 48 COURT CORAL SPRINGS, FL 33076</b>				Mailing Address <b>9895 NW 48 COURT CORAL SPRINGS, FL 33076</b>	
2. Principal Place of Business <b>3706 N. Ocean Blvd.</b>				3. Mailing Address <b>3706 N. OCEAN BLVD.</b>	
Suite, Apt. #, etc. <b># 444</b>				Suite, Apt. #, etc. <b># 444</b>	
City & State <b>FT. LAUDERDALE, FL</b>				City & State <b>FT. LAUDERDALE, FL</b>	
Zip <b>33308</b>		Country <b>USA</b>		Zip <b>33308</b>	
Country <b>USA</b>		4. FEI Number <b>65-0955185</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>SHERCHAY, ALLAN 5300 N.W. 33RD AVE., #117 FORT LAUDERDALE, FL 33309</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE _____					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2004 Fee will be \$550.00</b> </div> <div style="width: 40%;">         9. Election Campaign Financing          Trust Fund Contribution. <input type="checkbox"/> </div> <div style="width: 20%;"> <b>\$5.00 May Be Added to Fees</b> </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D GALCZAK, DONALD A 9895 NW 48 COURT CORAL SPRINGS, FL 33076</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>3706 N. OCEAN BLVD. #444 FT. LAUDERDALE, FL 33308</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" 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	<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	<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	<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	<input 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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>SIGNATURE: <i>Donal A. Galczak</i></b>          SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR       </div> <div style="width: 30%;"> <b>DONALD A. GALCZAK</b> </div> <div style="width: 30%;"> <b>3-24-04 954-565-0016</b>          Date Daytime Phone #       </div> </div>					