

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90025 043 ***150.00

DOCUMENT # P99000110063 1. Entity Name J.C.R. YACHT SALES, INC.																																																																	
Principal Place of Business 807 NIEMEN DR. PALM BEACH GARDENS, FL 33410			Mailing Address 807 NIEMEN DR. PALM BEACH GARDENS, FL 33410																																																														
2. Principal Place of Business - No P.O. Box # 5120 ISABELLA DRIVE		3. Mailing Address 5120 ISABELLA DRIVE																																																															
Suite, Apt. #, etc. PALM BEACH GARDENS FL		Suite, Apt. #, etc. PALM BEACH GARDENS FL																																																															
City & State Zip 33418 Country USA		City & State Zip 33418 Country USA		03282007 Chg-P CR2E034 (12/06)																																																													
4. FEI Number 65-0969610				Applied For <input type="checkbox"/> Not Applicable																																																													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent ROTTA, JOEL 807 NIEMEN DR. PALM BEACH GARDENS, FL 33410																																																													
7. Name and Address of New Registered Agent Name JOEL ROTA Street Address (P.O. Box Number is Not Acceptable) 5120 ISABELLA DRIVE City PALM BEACH GARDENS FL Zip Code 33418				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  DATE 4/9/9 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>																																																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE-NAME</td> <td style="width: 45%; padding: 2px;"> PSTD ROTA, JOEL C. 807 NIEMAN DR. PALM BEACH GARDENS, FL 33410 </td> <td style="width: 10%; padding: 2px; text-align: center;"> <input type="checkbox"/> Delete </td> <td style="width: 15%; padding: 2px;">TITLE-NAME</td> <td style="width: 45%; padding: 2px;"> PSTD ROTA, JOEL C. 5120 ISABELLA DRIVE PALM BEACH GARDENS FL 33418 </td> <td style="width: 10%; padding: 2px; text-align: center;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">TITLE-NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE-NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">TITLE-NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE-NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>						10. 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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 SIGNATURE:  DATE 4/9/9 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Printed</small>																																																																	