


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90042 009 ***150.00

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|--|---|---------------------|--|---|--|
| DOCUMENT # S07900 1. Entity Name THE BOATMOBILE COMPANY | | | |  | |
| Principal Place of Business 2601 S BAYSHORE DR 1200 MIAMI, FL 33133 US | | | Mailing Address 2601 S BAYSHORE DR 1200 MIAMI, FL 33133 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | Zip | |
| | | | | Country | |
| 4. FEI Number 65-0239656 | | | | 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 SLOSBERGAS, NELSON ONE BRICKELL SQUARE 801 BRICKELL AVE, #1580 MIAMI, FL 33131 | | | 7. Name and Address of New Registered Agent Name NS CORPORATE SERVICES INC Street Address (P.O. Box Number is Not Acceptable) 501 BRICKELL KEY DR, STE 400 City MIAMI FL Zip Code 33131 | | |
| 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 <u>TERESA CASTRO</u> NAME PRESIDENT <small>Signature, typed or printed name of registered agent and where applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HORN, JOSEPH <input type="checkbox"/> Delete 2601 S BAYSHORE DR, #1200 MIAMI, FL 33133 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP EICHENWALD, RICARDO <input type="checkbox"/> Delete 2601 S BAYSHORE DR, #1200 MIAMI, FL 33133 | | 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 | |
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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: <u>TERESA CASTRO</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date 01/17/2006 Daytime Phone # (305) 860-0770 | | |