


**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**



DOCUMENT # S47493			
1. Entity Name			
TWO OCEANS MOPED RENTAL NO. 3, INC.			
Principal Place of Business		Mailing Address	
1102 KEY PLAZA KEY WEST FL 33040 US		1910 N ROOSEVELT BLVD KEY WEST FL 33040 US	
2. Principal Place of Business		3. Mailing Address	
1910 N. ROOSEVELT BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
KEY WEST, FL		/	
Zip	Country	Zip	Country
33040	USA		
6. Name and Address of Current Registered Agent			
SAVIANO, DENNIS P. 1910 N ROOSEVELT BLVD KEY WEST FL 33040			Name
			Street Address
			City
			State
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____			
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11.
TITLE	D	<input type="checkbox"/> Delete	TITLE
NAME	SAVIANO, DENNIS P.		NAME
STREET ADDRESS	1910 N ROOSEVELT BLVD		STREET ADDRESS
CITY - ST - ZIP	KEY WEST FL 33040		CITY - ST - ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY - ST - ZIP			CITY - ST - ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY - ST - ZIP			CITY - ST - ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY - ST - ZIP			CITY - ST - ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY - ST - ZIP			CITY - ST - ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY - ST - ZIP			CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-293-7643

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_