2005 FOR PROFIT CORPORATION . -ANNUAL REPORT (AR)

Apr 13, 2005 8:00 am Secretary of State DOCUMENT # \$47493 04-13-2005 90038 014 ***150.00 TWO OCEANS MOPED RENTAL NO. 3, INC. Principal Place of Business Mailing Address 1102 KEY PLAZA 1910 N ROOSEVELT BLVD KEY WEST FL 33040 KEY WEST FL 33040 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For 4. FEI Number 65-0265066 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAVIANO, DENNIS P. 1910 N ROOSEVELT BLVD Street Address (P.O. Box Number is Not Acceptable) KEY WEST FL 33040 City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Delete Change Addition SAVIANO, DENNIS P. NAME NAME STREET ADDRESS 1910 N ROOSEVELT BLVD STREET ADDRESS CITY-SI-ZIP KEY WEST FL 33040 CITY-ST-7IP ☐ Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7(P TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOTALE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing dies not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

ccurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director equities report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

indicated on this report or supplemental report is true any of the corporation or the receiver or trustee empowered changed, or on an attachment with an address, with all

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

FILED