2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

of the corporation or the receiver or trustee empower if changed, or on an attachment with an address, where the corporation of the corporation of

SIGNATURE AND TYPED OR PRINTED NA

SIGNATURE: _

Mar 27, 2006 08:00 AM DOCUMENT # \$47509 Secretary of State Entity Name TWO OCEANS MOPED RENTAL NO. 4, INC. . Principal Place of Business Mailing Address 601 FRONT ST. 1910 N ROOSEVELT BLVD KEY WEST FL 33040 KEY WEST FL 33040 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE Applied For City & State City & State 4. FEI Number 65-0265071 Not Applicat Zip Country 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 Name SAVIANO, DENNIS P. 1910 N ROOSEVELT BLVD Street Address (P.O. Box Number is Not Acceptable) KEY WEST FL 33040 City Zio 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 acces the obligations of registered agent. SIGNATURE Signature, typen or primed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) OATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May : After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 tt. TITLE ☐ Delete TILLE ☐ Change NAME SAVIANO, DENNIS P. NAME U000011480563 STREET ADDRESS 1910 N ROOSEVELT BLVD STREET ADDRESS 04/10/06-80050-002 isg.gg CLTY-S1-ZIP CITY-ST-ZIP KEY WEST FL 33040 TITLE Delete ☐ Change IIILE NAME MARKE STREET ADDRESS STREET ADDRESS CHY-ST-ZE CHY-ST-ZIP TITLE Dalete TITLE ☐ Change □ AC NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CSTY-ST-ZIP ☐ Defete $UU_{\underline{\epsilon}}$ ☐ Change ∏A′. MAKK NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete \square ... TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS GITY-ST-ZIE CITY-ST-ZIP TITE S Delete ITTLE Change -54 🔲 -NAME NAME STREET AUDRESS STREET ADDRESS CITY-S7-ZIP CITY - ST-Z(P of diality for the exemptions contained in Section 119, Florida Statutes. I further centry that the information of that my signature shall have the same legal effect as if made under oath; that I am an officer or directions open as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block impowered. I hereby certify that the information supplied with this film indicated on this report or supplemental report is true and

DENNIS SAVIANO 3-21-06
PERPER POR DIRECTOR

DAVID SA PROVE N

FILED