


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90749 027 \*\*\*150.00

<b>DOCUMENT # S49052</b> 1. Entity Name <b>MIAMI BEACH SAILING, INC.</b>					
Principal Place of Business <b>121 OCEAN DR MIAMI BEACH, FL 33139</b>			Mailing Address <b>121 OCEAN DR MIAMI BEACH, FL 33139</b>		
2. Principal Place of Business		3. Mailing Address <b>100 S. Pointe Drive, #3504</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Miami Beach, FL 33139</b>			
City & State		City & State		04302004    Chg-P    CR2E034 (10/03)	
Zip		Country		4. FEI Number <b>65-0263748</b>	
Zip <b>33139</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BLISS, TED A</b> <del><b>400 S. POINTE DRIVE</b></del> <del><b>#2302</b></del> <b>MIAMI BEACH, FL 33139</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>100 S. POINTE DRIVE</b> <b>STE 3504</b> City <b>FL</b> 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 obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	DPV BLISS, TED <del>121 OCEAN DRIVE</del> MIAMI BEACH, FL		<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
121 OCEAN DRIVE MIAMI BEACH, FL					<b>100 S. POINTE DR., #3504</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BLISS, IRENE <del>121 OCEAN DRIVE</del> MIAMI BEACH, FL		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
121 OCEAN DRIVE MIAMI BEACH, FL					<b>100 S. POINTE DR., #3504</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
_____					_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
_____					_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
_____					_____
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <u>Irene Bliss</u> <b>Irene Bliss</b>				<b>04.28.04 (305)6726645</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	