

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000026241

**Entity Name:** YACHT MASTERS CARE, INC.

**Current Principal Place of Business:**

1743 NE145 STREET  
MIAMI, FL 33181

**Current Mailing Address:**

1743 NE145 STREET  
MIAMI, FL 33181 US

**FEI Number:** 46-5218860

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KOVACS, CRISTIAN  
1743 NE145 STREET  
MIAMI, FL 33181 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PVST  
Name KOVACS, CRISTIAN  
Address 1743 NE145 STREET  
City-State-Zip: MIAMI FL 33181

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** KOVACS , CRISTIAN

PVST

03/05/2015

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date