

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000028176

**Entity Name:** FLORIDA BOAT SLIP CORPORATION

**Current Principal Place of Business:**

4835 COLLINS AVENUE  
SUITE 801  
SURFSIDE, FL 33154

**Current Mailing Address:**

PO BOX 140668  
CORAL GABLES, FL 33114 US

**FEI Number:** 65-0663878

**Certificate of Status Desired:** No

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

M.J.F. REGISTERED AGENT CORP.  
153 SEVILLA AVENUE  
CORAL GABLES, FL 33134 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 DP  
Name MURRAY, JACQUES G  
Address 11 RUE DE THEATRE  
City-State-Zip: MONTREUX 1820

Title DS  
Name LEON, MARIE CLAIRE  
Address 1017 NORHT BEVERLY DRIVE  
City-State-Zip: BEVERLY HILLS CA 90210

*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:** LEON , MARIE CLAIRE

DS

03/10/2016

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

\_\_\_\_\_  
Date