


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90019 044 ***150.00

DOCUMENT # P06000057205

1. Entity Name
H2O YACHT SERVICES, CORP.



Principal Place of Business
**811 SE 16TH STREET #109
 FORT LAUDERALE, FL 33316**

Mailing Address
**811 SE 16TH STREET #109
 FORT LAUDERALE, FL 33316**

2. Principal Place of Business - No P.O. Box #
1520 S.E. 15th St.

3. Mailing Address
1520 S.E. 15th St.

Suite, Apt. #, etc.
Apt. 1

Suite, Apt. #, etc.
Apt. 1

City & State
Fort Lauderdale, FL

City & State
Fort Lauderdale, FL

Zip
33316

Country
USA

Zip
33316

Country
USA



04102008 Chg-P CR2E034 (12/06)

4. FEI Number
20-4868763

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ABAD, FEDERICO A
 811 SE 16TH STREET #109
 FORT LAUDERALE, FL 33316**

7. Name and Address of New Registered Agent

Name
Federico ABAD

Street Address (P.O. Box Number is Not Acceptable)
1520 S.E. 15th St. Apt. #1

City
Fort Lauderdale

State
FL

Zip Code
33316

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 *Federico Abad* **Federico Abad.** DATE **4/10/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	[D] <input type="checkbox"/> Delete
NAME	ABAD, FEDERICO A
STREET ADDRESS	811 SE 16TH STREET #109
CITY-ST-ZIP	FORT LAUDERALE, FL 33316
TITLE	[VD] <input type="checkbox"/> Delete
NAME	PERNALETE, MARIA CO E
STREET ADDRESS	811 SE 16TH STREET #109
CITY-ST-ZIP	FORT LAUDERALE, FL 33316
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1520 S.E. 15th Street Apt. 1
CITY-ST-ZIP	Fort Lauderdale, FL 33316
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1520 S.E. 15th Street Apt. 1
CITY-ST-ZIP	Fort Lauderdale, FL 33316
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: *Federico Abad* **Federico ABAD** DATE **4/10/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #