

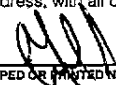


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # J00658 1. Entity Name FLORIDA MARINE TOWING COMPANY, INC.			
Principal Place of Business 3201 NW 24TH ST RD MIAMI, FL 33142		Mailing Address 3201 NW 24TH ST RD MIAMI, FL 33142	
DO NOT WRITE IN THIS SPACE			
		 01262004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 06-1161411	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MONOCANDILOS, JORDAN 3201 NW 24TH ST RD MIAMI, FL 33142		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000126028 04/23/04-80017-016 150.00
10. OFFICERS AND DIRECTORS			
TITLE	P		
NAME	DIAZ, AURORA		
STREET ADDRESS	3201 NW 24TH ST RD		
CITY-ST-ZIP	MIAMI, FL 33142		
TITLE	S		
NAME	MONOCANDILOS, THEODORA		
STREET ADDRESS	3201 NW 24TH ST RD		
CITY-ST-ZIP	MIAMI, FL 33142		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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)(f), 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:  J. Monocandilos		04-19-04	305-637-8963
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #