2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # A03000000924

1. Entity Name
CIA.DE FORMENTO MARITIMO, S.A., LTD.

Principal Place of Business	Mailing Address
14220 SW 9TH TERRACE MIAMI, FL 33184	14220 SW 9TH TERRACE MIAMI, FL 33184

02222005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 58-2674979 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PALMER, GABRIEL A 14220 SW 9TH TERRACE MIAMI, FL 33184	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 the obligations of registered agent

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
$7,000.00	

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	CABALLERO, GABRIEL A	CITY-ST-ZIP	
STREET ADDRESS	7924 SW 146 COURT		
CITY-ST-ZIP	MIAMI, FL 33183		
DOCUMENT #		STREET ADDRESS	
NAME	DEL ROSSI, LOURDES PALMER	CITY-ST-ZIP	141.25
STREET ADDRESS	2420 GRANADA BLVD.		
CITY-ST-ZIP	CORAL GABLES, FL 33134		
DOCUMENT #		STREET ADDRESS	
NAME	PALMER, FRANCISCO	CITY-ST-ZIP	
STREET ADDRESS	7095 SW 152 CT.		
CITY-ST-ZIP	MIAMI, FL 33193		
DOCUMENT #		STREET ADDRESS	
NAME	ADROVER, GABRIEL A	CITY-ST-ZIP	
STREET ADDRESS	14220 S.W. 9 TERRACE		
CITY-ST-ZIP	MIAMI, FL 33184		
DOCUMENT #		STREET ADDRESS	
NAME	CANDELA, ROSA E	CITY-ST-ZIP	
STREET ADDRESS	VIA SAN FRANCISCO #89		
CITY-ST-ZIP	PISA ITALIA 56127,		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: X _____ 4/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #