

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S03603

**Entity Name:** U.S. MARITIME CONSULTANTS, INC.

**FILED**  
**Feb 03, 2014**  
**Secretary of State**  
**CC7363740262**

**Current Principal Place of Business:**

11400 N. KENDALL DR  
SUITE 201  
MIAMI, FL 33176

**Current Mailing Address:**

11400 N. KENDALL DR  
SUITE 201  
MIAMI, FL 33176 US

**FEI Number:** 65-0223171

**Certificate of Status Desired:** No

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

KELLY, PATRICK W.  
11400 N KENDALL DR  
STE 201  
MIAMI, FL 33176 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 VP/S  
Name KELLY, EILEEN M  
Address 11400 N KENDALL DR, SUITE 201  
City-State-Zip: MIAMI FL 33176

Title VP/T  
Name KELLY, ALLISON E  
Address 11400 N KENDALL DR STE 201  
City-State-Zip: MIAMI FL 33176

Title P  
Name KELLY, PATRICK W  
Address 11400 N KENDALL DR STE 201  
City-State-Zip: MIAMI FL 33176

Title VP  
Name KELLY, BRIAN PATRICK  
Address 11400 N KENDALL DR STE 201  
City-State-Zip: MIAMI FL 33176

Title S  
Name KELLY, COLLEEN C  
Address 11400 N KENDALL DR STE 201  
City-State-Zip: MIAMI FL 33176

*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:** ALLISON E KELLY

VP/T

02/03/2014

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

\_\_\_\_\_  
Date