

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 369259

FILED  
Apr 08, 2005  
Secretary of State

Entity Name: CARIBBEAN MARINE ASSOCIATES, INC.

**Current Principal Place of Business:**

60 BROAD ST. 37TH FLOOR  
C/O SHIPOWNERS CLAIMS BUREAU  
NEW YORK, NY 10004 US

**New Principal Place of Business:**

**Current Mailing Address:**

60 BROAD ST. 37TH FLOOR  
C/O SHIPOWNERS CLAIMS BUREAU  
NEW YORK, NY 10004 US

**New Mailing Address:**

FEI Number: 59-1303583      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CO ( ) Delete  
Name: HUGHES, JOSEPH E  
Address: 60 BROAD ST. 37TH FLOOR  
City-St-Zip: NEW YORK, NY 10004

Title: P ( ) Delete  
Name: SOLARINO, VINCENT J  
Address: 60 BROAD ST. 37TH FLOOR  
City-St-Zip: NEW YORK, NY 10004

Title: V ( ) Delete  
Name: FARR, IAN  
Address: 60 BROAD ST. 37TH FLOOR  
City-St-Zip: NEW YORK, NY 10004

Title: ST ( ) Delete  
Name: KADI, ARPAD A  
Address: 60 BROAD ST. 37TH FLOOR  
City-St-Zip: NEW YORK, NY 10004

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ARPAD A. KADI

ST

04/08/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date