2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#730236

Entity Name: AMERICAN INSTITUTE OF MARINE STUDIES, INC.

FILED May 09, 2003 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	IE RIDGE ROA O, CA 92128	D			
Current Mailing Address:			New Maili	New Mailing Address:	
2240 SHELTER ISLAND DRIVE STE. 210 SAN DIEGO, CA 92106					
FEI Number:	23-7391668	FEI Number Applied For()	FEI Number Not Appl	licable () Certificate of Status Desired (X)	
Name and	Address of Co	urrent Registered Agent:	Name and	Address of New Registered Agent:	
702	CHARD MMERCIAL BL DERDALE, FL				
The above in the State		ubmits this statement for the pu	rpose of changing i	its registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electroni	c Signature of Registered Agen	t	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	PD (X) Change () Addition KRAFT, FRED P 4332 E. TRADEWINDS AVE. FT. LAUDERDALE, FL 33308 US	
Title: Name: Address: City-St-Zip:	DIRE () I MCMULLEN, DA 11985 CANERID SAN DIEGO, CA	GE	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition KRAFT, BEVERLY 4332 E. TRADEWINDS AVE. FT. LAUDERDALE, FL 33308 US	
Title: Name: Address: City-St-Zip:	, ,		Title: Name: Address: City-St-Zip:	SD (X) Change () Addition BERNINZON, ESPERANZA 4332 E. TRADEWINDS AVE. FT. LAUDEDALE, FL 33308 US	
Title: Name: Address: City-St-Zip:	KRAFT, FRED F 4332 E. TRADEV		Title: Name: Address: City-St-Zip:	D (X) Change () Addition BERNINZON, HECTOR 4332 E. TRADEWINDS AVE. FT. LAUDERDALE, FL 33308 US	
Title: Name: Address: City-St-Zip:	KRAFT, BEVERL 4332 E. TRADEV		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BOWLES, OLIVE 4332 E. TRADEV		Title: Name: Address: City-St-Zip:	() Change () Addition	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRED KRAFT PD 05/09/2003