

STAPLE CHECK HERE

## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 8, 2004

DOCUMENT # A0300000924  1. Entity Name CIA.DE FORMENTO MARITIMO, S.A., LTD.						NETARY OF ON OF CORP	
Principal Place of Business  14220 SW 9TH TERRACE MIAMI, FL 33184  Mailing Address  14220 SW 9TH TERRACE MIAMI, FL 33184						150 0 (5511) <b>5 b</b> ill <b>5 b</b> ill <b>5 b</b> ill	R BANK BAKK BAKK (GYA KUKK ATOLAH AT (BAK
2. Principal P	lace of Business	3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			08052004	Chg-LP	CR2E003 (10/03)
City & State	е	City & State			4. FEI Number	267497	9 Applied For Not Applicat
Zip	Country	Zip	Countr	у	5. Certificate of	Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current	Name	7. Name and A	ddress of New R	egistered Agent		
PALMER, GABRIEL A 14220 SW 9TH TERRACE				Street Address (P.O. Box Number is Not Acceptable)			
MIAMI, FL 33184							
				City			FL Zip Code
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its	registere	d office or register	ed agent, or both,	, in the State of Fig	orida, i am tamiliar with, and acce
SIGNATURE -	Signature, typed or printed name of registered agent	and title if applicable.					DATE
9. Capital Contributions as Shown on record. \$7,000.00 10. Amount of Capital Contributions in FLORIDA to date.						In accordan the limited p prior notice.	ce with s. 607.193(2)(b), F.S., partnership did not receive the
,	A GENERAL PARTNER T NOTE: General Partners MA						
12.	GENERAL PARTNEI	RINFORMATION	13.			ADDRESS CH	ANGES ONLY
DOCUMENT # NAME	CABALLERO, GABRIEL A			T ADDRESS			
STREET ADDRESS CITY-ST-ZIP	7924 SW 146 COURT   MIAMI, FL 33183			ST-ZIP	900041329909 09/24/0401080005 **141,25		
DOCUMENT #			STREE	T ADDRESS	321 211		
NAME STREET ADDRESS	DEL ROSSI, LOURDES PALMER 2420 GRANADA BLVD.			ST-ZIP		·	
CITY-ST-ZIP	CORAL GABLES, FL 33134						
DOCUMENT <b>#</b> NAME	PALMER, FRANCISCO		STREE	T ADDRESS			
STREET ADDRESS CITY-ST-ZIP	7095 SW 152 CT. MIAMI, FL 33193		CITY-	ST-ZIP			
DOCUMENT #		<del>.</del>	STREE	T ADDRESS	<u> </u>		
NAME STREET ADDRESS	ADROVER, GABRIEL A 14220 S.W. 9 TERRACE		CITY-	ST-ZIP			
CITY-ST-ZIP DOCUMENT #	MIAMI, FL 33184		-				
NAME STREET ADDRESS	CANDELA, ROSA E VIA SAN FRANCISCO #89		STREE	T ADDRESS			<u></u>
CITY-ST-ZIP	PISA ITALIA 56127,		CITY-	ST-ZIP	··		
DOCUMENT # NAME	,		STREE	T ADDRESS			
STREET ADDRESS CITY-ST-ZIP	·		CITY-	ST-ZIP			
<ul> <li>indicated</li> </ul>	certify that the information supplied will on this report is true and accurate and ver or trustee empowered to execute th	I that my signature shall have	the same	legal effect as if n	ection 119.07(3)(i) nade under oath;	, Florida Statutes. that I am a Genera	I further certify that the information at Partner of the limited partnership
0.0115	Je Selici	124	=		8/2	204	
SIGNAT	URE: SIGNATURE AND TYPED OF	PRINTED NAME OF SIGNING GENER	RAL PARTNE		<del> </del>	Date	Daytime Phone #