
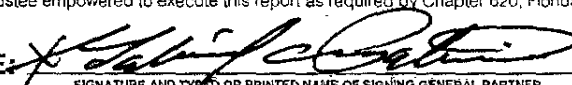


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**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 14220 SW 9TH TERRACE MIAMI, FL 33184		Mailing Address 14220 SW 9TH TERRACE MIAMI, FL 33184	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent PALMER, GABRIEL A 14220 SW 9TH TERRACE MIAMI, FL 33184		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____	
9. Capital Contributions as Shown on record. \$7,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
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 #	CABALLERO, GABRIEL A	STREET ADDRESS	
NAME	7924 SW 146 COURT	CITY - ST - ZIP	
STREET ADDRESS	MIAMI, FL 33183		
CITY - ST - ZIP		STREET ADDRESS	
DOCUMENT #	DEL ROSSI, LOURDES PALMER	CITY - ST - ZIP	
NAME	2420 GRANADA BLVD.		
STREET ADDRESS	CORAL GABLES, FL 33134		
CITY - ST - ZIP		STREET ADDRESS	
DOCUMENT #	PALMER, FRANCISCO	CITY - ST - ZIP	
NAME	7095 SW 152 CT.		
STREET ADDRESS	MIAMI, FL 33193		
CITY - ST - ZIP		STREET ADDRESS	
DOCUMENT #	ADROVER, GABRIEL A	CITY - ST - ZIP	
NAME	14220 S.W. 9 TERRACE		
STREET ADDRESS	MIAMI, FL 33184		
CITY - ST - ZIP		STREET ADDRESS	
DOCUMENT #	CANDELA, ROSA E	CITY - ST - ZIP	
NAME	VIA SAN FRANCISCO #89		
STREET ADDRESS	PISA ITALIA 56127.		
CITY - ST - ZIP		STREET ADDRESS	
DOCUMENT #		CITY - ST - ZIP	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		Date: 4/29/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #	



02222005 Chg-LP CR2E003 (10/03)

4. FEI Number 58-2674979 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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