

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90029 042 ***550.00

DOCUMENT # F03000003226 1. Entity Name MARITIME ASSOCIATES INTERNATIONAL, INC.			
Principal Place of Business 4076 MIZNER COURT JACKSONVILLE, FL 32217		Mailing Address 3832-010 BAYMEADOWS RD #407 JACKSONVILLE, FL 32217	
2. Principal Place of Business - No P.O. Box # (CHANGE) 4327 BARGUERO CRT. E. (CHANGE) 4327 BARGUERO CRT. E.		3. Mailing Address (CHANGE) 4327 BARGUERO CRT. E.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State JAX FL.		City & State JAX FL.	
Zip 32217		Zip 32217	
Country USA		Country USA	
4. FEI Number 41-2090532		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	C COPE, MICHAEL 434 ELM ROAD TORONTO, ONTARIO, M5M 3W7	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition COPE, EDWARD J. 4327 BARGUERO CRT. E. JAX FL. 32217
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	P COPE, EDWARD J 4076 MIZNER COURT JACKSONVILLE, FL 32217	TITLE	ST LISA BRYANT 2304 WOODALE ST. JAX FL. 32207
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	ST BRYANT, LISA A 4076 MIZNER COURT JACKSONVILLE, FL 32217	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.			
SIGNATURE: <i>Lisa Bryant</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 7/9/08 (904) 739-0851 <small>Daytime Phone #</small>	