

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90018 006 ***150.00

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1. Entity Name

TRAMP OIL & MARINE AMERICAS, INC.



Principal Place of Business

9800 NW 41 STREET, SUITE 400
MIAMI, FL 33178

Mailing Address

9800 NW 41 STREET, SUITE 400
MIAMI, FL 33178

40005595



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

22-0982593

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME SCOPPETUOLO, STEVEN A
STREET ADDRESS 9800 NW 41 STREET, SUITE 400
CITY-ST-ZIP MIAMI, FL 33178

TITLE D
NAME LEONARD, STEPHEN
STREET ADDRESS 9800 NW 41 STREET, SUITE 400
CITY-ST-ZIP MIAMI, FL 33178

TITLE V
NAME REGO, CARLOS
STREET ADDRESS 9800 NW 41 STREET, SUITE 400
CITY-ST-ZIP MIAMI, FL 33178

TITLE ST
NAME DIAZ, ISABEL
STREET ADDRESS 9800 NW 41 STREET, SUITE 400
CITY-ST-ZIP MIAMI, FL 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 empowered.

SIGNATURE:

Isabel Diaz Sec 1/13/06 304 421 1411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #