

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 (C
Secretary of

DOCUMENT # F05000003148

1. Entity Name
SCHNEIDER ELECTRIC MARINE SERVICES, INC.



Principal Place of Business
16300 NE 19TH ST., STE. 209
NORTH MIAMI BEACH, FL 33162

Mailing Address
16300 NE 19TH ST., STE. 209
NORTH MIAMI BEACH, FL 33162



03192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
72-1599842

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PC
NAME ROCHAS, DIDIER
STREET ADDRESS 16300 NE 19TH ST., STE. 209
CITY-STATE-ZIP NORTH MIAMI BEACH, FL 33162

TITLE VP
NAME INENDINO, VINCENT A
STREET ADDRESS 1415 S. ROSELLE ROAD
CITY-STATE-ZIP PALATINE, IL 60067

TITLE S
NAME JAPLON, HOWARD E
STREET ADDRESS 1415 S. ROSELLE ROAD
CITY-STATE-ZIP PALATINE, IL 60067

TITLE TD
NAME BLANC, VERONIQUE
STREET ADDRESS 16300 NE 19TH ST., STE. 209
CITY-STATE-ZIP NORTH MIAMI BEACH, FL 33162

TITLE D
NAME SALAZAR, PEDRO
STREET ADDRESS 16300 NE 19TH ST., STE. 209
CITY-STATE-ZIP NORTH MIAMI BEACH, FL 33162

TITLE D
NAME RENARD, GUY
STREET ADDRESS 16300 NE 19TH ST., STE. 209
CITY-STATE-ZIP NORTH MIAMI BEACH, FL 33162

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03/30/07-80049-015 150.00

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/07 3059508158
Date Daytime Phone #