

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2006 8:00 am
Secretary of State

07-10-2006 90026 047 ***550.00

DOCUMENT # F05000004331

1. Entity Name
MARITIME COMMUNICATIONS PARTNER, INC.



Principal Place of Business
**3301 NE 2ND AVENUE
MIAMI, FL 33137**

Mailing Address
**3301 NE 2ND AVENUE
MIAMI, FL 33137**

50021954



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07072006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

26-0122128

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
MIDIALYS RIVERO

Street Address (P.O. Box Number is Not Acceptable)
9360 Sunset Drive, suite 287

City
Miami

FL

Zip Code
33173

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)

7/7/06
DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CP
STEN GUSTAVSEN, TRYGVE
3301 NE 2ND AVENUE
MIAMI, FL 33137** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VCT
POWIS, NIGEL
3301 NE 2ND AVENUE
MIAMI, FL 33137** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DS
WALDERHAUG, ROAR
3301 NE 2ND AVENUE
MIAMI, FL 33137** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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☐ Change ☐ Addition

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

NIGEL POWIS, CEO

7/7/06

305-904-5633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #