

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F05000004331

1. Entity Name
MARITIME COMMUNICATIONS PARTNER, INC.



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

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

FILED

07 MAR 29 PM 3: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40043673



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03122007

Chg-P

CR2E034 (12/08)

4. FEI Number
26-0122128

Applied For
Not Applicable

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

RIVERO, MIDIALYS
9360 SUNSET DRIVE, SUITE 287
MIAMI, FL 33173

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
C
FOLGEROD, SVEINARE ☒ Delete
STREET ADDRESS
3301 NE 2ND AVE
CITY-ST-ZIP
MIAMI, FL 33137

TITLE
NAME
BM
SEKKELSTEN, TOM ☐ Delete
STREET ADDRESS
3301 NE 2ND AVE
CITY-ST-ZIP
MIAMI, FL 33137

TITLE
NAME
CEO
THOMPSON, WILLIAM P ☐ Delete
STREET ADDRESS
3301 NE 2ND AVE
CITY-ST-ZIP
MIAMI, FL 33137

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
600095993566 ☐ Change ☐ Addition
STREET ADDRESS
04/06/07--01042--006 *\$61.25
CITY-ST-ZIP

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

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

TITLE
NAME
President ☐ Change ☒ Addition
Pal Biordal
STREET ADDRESS
3301 NE 2nd Avenue
CITY-ST-ZIP
Miami, FL 33137

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

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
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 empowered.

SIGNATURE:

WILLIAM P. THOMPSON

12 March 07 506-1636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #