



**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90019 013 \*\*\*158.75

<b>DOCUMENT # F33207</b>			
1. Entity Name <b>PROFESSIONAL MARINE ASSOCIATES, INC.</b>			
Principal Place of Business <b>C/O CARL B. STRAW 3430 S.W. 27TH ST. FT. LAUDERDALE, FL 33312-4702 US</b>		Mailing Address <b>C/O CARL B. STRAW 3430 S.W. 27TH ST. FT. LAUDERDALE, FL 33312-4702 US</b>	
2. Principal Place of Business <b>9135C SW 20th Place</b>		3. Mailing Address <b>9135C SW 20th Place</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Davie, FL</b>		City & State <b>Davie, FL</b>	
4. FEI Number <b>59-2109681</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>STRAW, CARL B. 3430 S.W. 27TH ST. FT. LAUDERDALE, FL 33312-4707</b>		7. Name and Address of New Registered Agent Name: <b>Same</b> Street Address (P.O. Box Number is Not Acceptable): <b>9135C SW 20th Place</b> City: <b>Davie</b> , State: <b>FL</b> , Zip Code: <b>33324-5068</b>	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PC STRAW, CARL B 3430 S.W. 27TH ST. FT. LAUDERDALE, FL 333124707</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9135C SW 20th Place Davie, FL 33324-5068</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS STRAW, SHARON K 3430 SW 27TH ST FT LAUDERDALE, FL 333124707</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9135C SW 20th Place Davie, FL 33324-5068</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		<b>30 March 2005</b> <b>954-260-5820</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	