

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000000097

**FILED**  
**Feb 14, 2012**  
**Secretary of State**

**Entity Name:** VOYAGER MARITIME ALLIANCE GROUP, INC.

**Current Principal Place of Business:**

1883 STATE RD 84, BLDG 2, STE 105  
FT. LAUDERDALE, FL 33315

**New Principal Place of Business:**

**Current Mailing Address:**

1883 STATE RD 84, BLDG 2, STE 105  
FT. LAUDERDALE, FL 33315

**New Mailing Address:**

FEI Number: 06-1381749

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEONE, DAVID  
603 SW 7TH AVE.  
FT LAUDERDALE, FL 33315 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PTS  
Name: LEONE, DAVID  
Address: 603 SW 7TH AVE  
City-St-Zip: FT. LAUDERDALE, FL 33315

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID LEONE

PRES

02/14/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date