

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001049

FILED
Jan 12, 2004
Secretary of State

Entity Name: MARINE SERVICE PARTNERS, INC.

Current Principal Place of Business:

330 BISCAYNE BLVD., STE 802
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

330 BISCAYNE BLVD., STE 802
MIAMI, FL 33132

New Mailing Address:

FEI Number: 65-0903995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEMARIE, GHISLAIN
Address: 330 BISCAYNE BLVD., STE 802
City-St-Zip: MIAMI, FL

Title: V () Delete
Name: GRIGNON, CHRISTOPHE
Address: 330 BISCAYNE BLVD., STE 802
City-St-Zip: MIAMI, FL 33132

Title: T () Delete
Name: SCHAD, JEFF
Address: 2000 DAY HILL ROAD
City-St-Zip: WINDSOR, CT 06095

Title: S () Delete
Name: D'IOIO, ANTHONY
Address: 2000 DAY HILL ROAD
City-St-Zip: WINDSOR, CT 06095

Title: VD () Delete
Name: CHARLES, MICHAEL
Address: 7 RUE DES METIERS
City-St-Zip: ERMONT, FRANCE,

Title: V () Delete
Name: LESAVRE, GEORGE
Address: VENUE BOURDELLE BP 400
City-St-Zip: SAINT NAZAIRE CEDEX FRANCE,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LEMARIE GHISLAIN

P

01/12/2004

Electronic Signature of Signing Officer or Director

Date