

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G05033

FILED  
Feb 02, 2008  
Secretary of State

Entity Name: MARITIME INSPECTION CORPORATION

**Current Principal Place of Business:**

5087 SW 167 AVE.  
MIRAMAR, FL 33027 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 27-8170  
HOLLYWOOD, FL 33027 US

**New Mailing Address:**

FEI Number: 59-2228360

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JIMENO, SHIRLEY L DIR  
5087 SW 167 AVE.  
MIRAMAR, FL 33027 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: VPD ( ) Delete  
Name: JIMENO, SHIRLEY L  
Address: 5087 SW 167TH AVE  
City-St-Zip: HOLLYWOOD, FL 330274911

Title: PD ( ) Delete  
Name: JIMENO, VIKTOR  
Address: 5087 SW 167 AVE  
City-St-Zip: HOLLYWOOD, FL 33027

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 exemption stated 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 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: SHIRLEY L JIMENO

VPD

02/02/2008

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

\_\_\_\_\_  
Date