


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90038 035 \*\*\*150.00

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**DOCUMENT # G14400**  
 1. Entity Name  
**INTERNATIONAL MERCANTILE MARINE CORP.**



Principal Place of Business      Mailing Address  
**95 HERRICK WAY**      **95 HERRICK WAY**  
**#507**      **#507**  
**CORAL GABLES, FL 33134**      **CORAL GABLES, FL 33134**

2. Principal Place of Business      3. Mailing Address  
**45 Merrick Way**      **3070 Matilda St.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite 507**      **Coconut Grove**

City & State      City & State  
**Coral Gables, FL**      **Coconut Grove, FL**  
 Zip      Country      Zip      Country  
**33134**      **Miami - Dade**      **33133**      **Miami - Dade**



01092006    Chg-P    CR2E034 (11/05)  
 4. FEI Number      Applied For  
**59-2242997**      Not Applicable  
 5. Certificate of Status Desired            **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**CHESTER, ROBERT A**  
**3070 MATILDA ST**  
**COCONUT GROVE, FL 33133**

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHESTER, ALVIN P</b>	NAME	
STREET ADDRESS	<b>11111 BISCAYNE BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33181</b>	CITY-ST-ZIP	
TITLE	<b>PDT</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHESTER, ROBERT</b>	NAME	
STREET ADDRESS	<b>3070 MATILDA ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT GROVE, FL 33133</b>	CITY-ST-ZIP	
TITLE	<b>VSD</b> <input type="checkbox"/> Delete	TITLE	<b>VSD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TUMBALS, THEODORE</b>	NAME	<b>Tumbals, Theodore</b>
STREET ADDRESS	<b>2796 SW 129 TERR</b>	STREET ADDRESS	<b>2796 Sw 129 Terr.</b>
CITY-ST-ZIP	<b>MIRAMAR, FL 33027</b>	CITY-ST-ZIP	<b>Miramar, FL 33027</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** Robert A. Chester, President      Date: 1/11/06      Daytime Phone #: 305-774-9500