


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90056 042 ***150.00

DOCUMENT # K08746	
1. Entity Name BIG E MARINE PROPERTIES, INC.	

Principal Place of Business 2890 N.E. 187TH ST. N. MIAMI BEACH, FL 33180	Mailing Address 2890 N.E. 187TH ST. N. MIAMI BEACH, FL 33180
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2. Principal Place of Business 201 NW 130 AVE	3. Mailing Address 201 NW 130 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PLANTATION FL	City & State PLANTATION, FL
Zip 33325	Country BROWARD
Zip 33325	Country BROWARD



01192004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0030533	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
WHITE, H. TAYLOR 1650 NE 26TH ST. SUITE 101 FORT LAUDERDALE, FL 33305	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	P ELLIS, JOHN M.
STREET ADDRESS	% 2890 N.E. 187TH ST
CITY - ST - ZIP	N. MIAMI BCH., FL
TITLE	<input type="checkbox"/> Delete
NAME	V ELLIS, ROBERT D.
STREET ADDRESS	% 2890 N.E. 187TH ST
CITY - ST - ZIP	N. MIAMI BCH, FL
TITLE	<input type="checkbox"/> Delete
NAME	D ELLIS, MARJORIE
STREET ADDRESS	% 2890 N.E. 187TH ST
CITY - ST - ZIP	N. MIAMI BCH., FL
TITLE	<input type="checkbox"/> Delete
NAME	D ELLIS, JANIS G.
STREET ADDRESS	% 2890 N.E. 187TH ST
CITY - ST - ZIP	N. MIAMI BCH., FL
TITLE	<input type="checkbox"/> Delete
NAME	D ELLIS, MARY
STREET ADDRESS	% 2890 N.E. 187TH ST
CITY - ST - ZIP	N. MIAMI BCH., FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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: John M. Ellis **2011 M. ELLIS** **2-20-04** **954-474-8414**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #