2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K84357

1. Entity Name

ALEXANDER & ASSOCIATES MARINE SURVEYORS CORPORATION



FILED Apr 07, 2008 08:00 A Secretary of State

Principal Place of Business

13020 S.W. 80 AVE MIAMI, FL 33156 Mailing Address

13020 S.W. 80 AVE MIAMI, FL 33156



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DO	NOI	AALCIIE	111	I LIIÔ	SPACE	4.	FEI Number

4. FEI Number Applied For 65-0119627 Not Applied be

Certificate of Status Desired

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

KLINE, CHARLES C 200 SO BISCAYNE BLVD SUITE 4900 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

No Chg-P

1		·		114	THIS OF AGE						
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstalling) OATE											
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financi Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees							
10.	OFFICERS AND DIREC	CTORS									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVT KLINE, ALEXANDER J. 13020 SW 80 AVE MIAMI, FL		U00000883355 04/16/08-80076-024 150.00								
NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·									
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TITLE NAME STREET ADDRESS CITY-ST-ZIP											

12. Thereby 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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/03

3057327111

Daytime Phone #