

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000009172

FILED
Jan 10, 2006
Secretary of State

Entity Name: SOLUTION ONE MARITIME, LLC

Current Principal Place of Business:

2719 E. ADAMO DR.
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

2719 E. ADAMO DR.
TAMPA, FL 33605

New Mailing Address:

FEI Number: 65-1050880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JADALLAH, LUTFI
1751 TANGLEDVINE DR.
WESLEY CHAPEL, FL 33543 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

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: JADALLAH, SAMI
Address: 2719 E. ADAMO DR.
City-St-Zip: TAMPA, FL 33605

Title: CEO () Delete
Name: JADALLAH, LUFTI
Address: 2719 E. ADAMO DR.
City-St-Zip: TAMPA, FL 33605

Title: CFO () Delete
Name: JADALLAH, LUFTI
Address: 2719 E. ADAMO DR.
City-St-Zip: TAMPA, FL 33605

Title: VFO () Delete
Name: JADALLAH, YUSRI
Address: 2719 E. ADAMO DR.
City-St-Zip: TAMPA, FL 33605

ADDITIONS/CHANGES:

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 Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LUTFI JADALLAH

CEO

01/10/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date