FILED
May 26, 2005 8:00 am
Secretary of State
05-02-2005 90376 003 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000037015

1. Entity Name
MARITECH USA, LLC

30007697

Principal Place of Business	Mailing Address
12401 NW 62ND CT CORAL SPRINGS, FL 33076	12401 NW 62ND CT CORAL SPRINGS, FL 33076

04282005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number APPLIED FOR 20-1319429 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAYDEN AND MILLIKEN, PA 5915 PONCE DE LEON BLVD. SUITE 63 MIAMI, FL 33146	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

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to: Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CASTELINO, MICHAEL P MGRM 12401 NW 62ND CT, CORAL SPRINGS,, FL 33076	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CASTELINO, MARTIN P MGRM 14750 SW95 AVE MIAMI, FL 33176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BREWSTER, MICHAEL J MGRM SEA CONTAINER HOUSE, 20 UPPER GROUND, BLACK FRIARS BRIDGE, LONDON, LO SE1 9QT	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CANEPA, MASSIMO MGRM VIALE F CAUSA 614 GENOA, GN 16146	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 is true and accurate and that my 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: _____ 04.28.05 (305) 253-5616
SIGNATURE and TYPED OR PRINTED NAME of MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #