

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90022 037 ***150.00

DOCUMENT # L03000037015

1. Entity Name
MARITECH USA, LLC



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

Mailing Address
**12401 NW 62ND CT
CORAL SPRINGS, FL 33076**



2. Principal Place of Business
14750 S.W. 95 AVE
Suite, Apt. #, etc.

3. Mailing Address
14750 S.W. 95 AVE
Suite, Apt. #, etc.

03122006 Chg-LLC CR2E083 (11/05)

City & State
MIAMI, FL
Zip
33176 Country

City & State
MIAMI, FL
Zip
33176 Country

4. FEI Number
20-1319429 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HAYDEN AND MILLIKEN, PA
5915 PONCE DE LEON BLVD
SUITE 63
MIAMI, FL 33146**

7. Name and Address of New Registered Agent

Name **ED WIEDER**
Street Address (P.O. Box Number is Not Acceptable)
325 N. KROME AVE
City **HOMESTEAD** FL Zip Code **33030**

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 **Ed Wieder** DATE **4-5-06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CASTELINO, MICHAEL P MGRM 12401 NW 62ND CT, CORAL SPRINGS, FL 33076	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CASTELINO, MARTIN P MGRM 14750 SW95 AVE MIAMI, FL 33176	<input type="checkbox"/> Delete
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	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CANEPA, MASSIMO MGRM VIALE F CAUSA 614 GENOA, GN 16145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04-05-06