


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 08, 2004 08:00 AM
Secretary of State

DOCUMENT # L38983 1. Entity Name TECMARINE LINES, INC.	
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Principal Place of Business 6861 SW 196TH AVENUE SUITE 201-04 FORT LAUDERDALE, FL 33332 US	Mailing Address 6861 SW 196TH AVENUE SUITE 201-04 FORT LAUDERDALE, FL 33332 US
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08172004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0170869	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PHELAN, MICHAEL P 6861 SW 196TH AVENUE SUITE 201-04 FORT LAUDERDALE, FL 33332

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHESTER, JEREMY 2051 SE 35TH STREET BOX 21647 FT LAUDERDALE, FL 33335
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHESTER, BRITT K 2051 SE 35TH STREET, BOX 21647 FT LAUDERDALE, FL 33335
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHESTER, KEVIN 2051 SE 35TH STREET FT LAUDERDALE, FL 33335
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SOUSA, KENNETH G 2051 SE 35TH STREET FT LAUDERDALE, FL 33335
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSI PHELAN, MICHAEL P 6861 SW 196TH AVENUE FORT LAUDERDALE, FL 33332
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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09/08/04-80008-017 558.75

**DO NOT WRITE
IN THIS SPACE**

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:  **Michael P. Phelan, Assignee** 9-7-04 954252-1540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #