

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # L38983

1. Entity Name
TECMARINE LINES, INC.



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**



04122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0170869

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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's signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000307098
04/15/05-80032-024 150.00

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

**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)(f), 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

ASSIGNER

4/12/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #