

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90247 038 \*\*\*150.00

**DOCUMENT # L96680**

1. Entity Name  
**KEY CARGO MARINE, INC.**



Principal Place of Business  
**1301 WEST NEWPORT CENTER DRIVE  
DEERFIELD BEACH, FL 33442-7754 US**

Mailing Address  
**1301 WEST NEWPORT CENTER DRIVE  
DEERFIELD BEACH, FL 33442-7754 US**

**DO NOT WRITE IN THIS SPACE**



03202006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0297420**

Applied For  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**BROWNE, ROBERT J  
1301 WEST NEWPORT CENTER DRIVE  
DEERFIELD BEACH, FL 33442**

**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 \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	BROWNE, ROBERT J
STREET ADDRESS	1301 W. NEWPORT CENTER DRIVE
CITY- ST- ZIP	DEERFIELD BEACH, FL 334427734
TITLE	S
NAME	SCHWEFRINGHAUS, MARGARET
STREET ADDRESS	1301 WEST NEWPORT CENTER DRIVE
CITY- ST- ZIP	DEERFIELD BEACH, FL 334427734
TITLE	-
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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 exemptions contained in Chapter 119, 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Robert J Browne* 3/22/06

954 360 6900