## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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## DOCUMENT # P00000048560

 Entity Name ANMAR MARINE, INC.



FILED Feb 03, 2004 08:00 AM Secretary of State

Principal Place of Business

600 SW 8TH STREET MIAMI, FL 33130 Mailing Address 247 S W 8TH ST PMB 216

PMB 216 MIAMI, FL 33130



01062004

No Chg-P

CR2E034 (10/03)

4. FEI Number 22-2396329 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VERNACE, ANNA MARIE 600 S W 8TH ST MIAMI, FL 33130

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| MIANNI, PL 33130                               |   |   | IN THIS SPACE                              |   |  |   |  |
|--|---|---|--|---|--|---|--|
|  | named entity submits this statement for the plans of registered agent.  | urpose of changing its registered   | d office or r                              | egistered agent, or bo  | oth, in the State of Florida.  | ł am familiar wł  | th, and accept   |
| SIGNATURE                                      |   |   |  | gnature required when reinstand) DATE                                     |  |   |  |
|  | E NOW!!! FEE IS \$150.00<br>ay 1, 2004 Fee will be \$550.00   | 9. Election Cempaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees  |  | <br>  U00000033875<br>  B2/05/04-80061-006 150 00                         |  |   |  |
| 10.  | OFFICERS AND DIREC  | TORS  |  |   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>VERNACE, ANNA MARIE<br>600 S W 8TH ST<br>MIAMI, FL 33130   |   |  | ·   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | _   |   |  |   |  |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |   |  | DO  | NOT WRI  | TE  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |   |  | IN  | THIS SPA   | CE  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |   |  |   |  | www.combana   |  |
| RTLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZP   | _   |   |  |   | N. C.  | go  | and the same of th |
| 12. I hereby of indicated of the corphanged    | certify that the information supplied with this fit on this report of supplemental report is true a portation or the receiver or trustee empowered, or on an attachment with an address, with all | ling does not qualify for the exen<br>and accurate and that my signate<br>d to execute this report as required<br>to they like empowered. | nption stale<br>ure shall ha<br>ed by Chap | d in Section 119.07(3<br>ve the same legal effe<br>ter 607, Florida Statu | (i)), Florida Statutes. I furth<br>ect as if made under oath; t<br>tes; end that my name app | er certify that th<br>that I am an office<br>ears in Block 16 | e information<br>cer or director<br>0 or Block 11 if   |