


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000064824 1. Entity Name AMERICAN MARINE UNDERWRITERS S.E., INC.	
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Principal Place of Business 1200 U.S. HWY. ONE, COVE PLAZE, STE. A NORTH PALM BEACH, FL 33408	Mailing Address 108 GREENWICH STREET NEW YORK, NY 10006
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DO NOT WRITE IN THIS SPACE



04152004 No Chg-P CR2E034 (10/03)

4. FCI Number 65-1023160	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTUSCELLO, KATHYRN-MARY
40207 FISHER ISLAND DR.
FISHER ISLAND, FL 33109

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000126365 04/23/04-80031-003 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCHRAMA, ALFRED L 100 LAKE SHORE DR., APT 12 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MARTUSCELLO, JOSEPH M 373 CLINTON ST. BROOKLYN, NY 11231
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:  **4/15/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #