2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an

AND TYPED OR

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 04, 2005 08:00 AM Secretary of State DOCUMENT # P00000087008 Entity Name MECHANICAL AND MARINE COMPANY Principal Place of Business Mailing Address 9755 S.W. 76 STREET -2655 LEJEUNE ROAD MIAMI, FL 33173-3114 STE 201 CORAL GABLES, FL 33134 03252005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1041602 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BAKER, RONALD G DO NOT WRITE 2655 LEJEUNE RD., SUITE 201 CORAL GABLES, FL 33134 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 of printed name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME PERSONS, ROGER M 9755 SW 76TH ST. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33173 U00000287816 TITLE 04/04/05-80083-017 150.00 CLAPSADL, PAUL C NAMÉ STREET ADDRESS 13922 S.W. 41ST STREET DAVIE, FL 33330 CITY - ST-ZIP NAME. STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with this filling indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empoyers of to

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