2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 28, 2004 8:00 am Secretary of State DOCUMENT # P01000001930 1. Entity Name 04-28-2004 90251 005 ***150 00 MARINEBIDEXCHANGE, COM. INC. Principal Place of Business Mailing Address 954 NAUTILUS ISLE 1777 SE 15 STREET **DANIA FL 33004** SUITE 416 FORT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 65-1075572 Not Applicable Zip Country Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MURRAY, C. ROBERT JR. Street Address (P.O. Box Number is Not Acceptable) 4800 LEJEUNE ROAD **MIAMI FL 33146** Zip Code City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE □ Delete TITLE ☐ Change Addition STEPHENS CHARLES M NAME NAME 954 NAUTILUS ISLE STREET ADDRESS STREET ADDRESS DANIA FL 33004 CITY-ST-7IP CITY-ST-ZIP ITTLE VΡ Delete TITLE Change ☐ Addition Kostman, Roger 954 Nautilus Isle Dania, FL 33004 KOSTMAN, ROGER NAME NAME 954 NAUTILUD ISLE STREET ADDRESS STREET ADDRESS DANIA FL 33004 CITY-ST-ZIP CITY-ST-7IP S & T Brizendine, Ashley MLE ☐ Delete TITLE X Change Addition NAME NAME BRIZENDINE, ASHLEY 954 Nautilus Isle Dania, FL 33004 STREET ADDRESS STREET ADDRESS 954 NAUTILUS ISLE CITY - ST- ZIP DANIA FL 33004 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TIBE TITLE Change ■ Addition NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-2004

FILED

954-921-7449

Daytime Phone #