

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91366 021 \*\*\*150.00

**DOCUMENT # P01000035680**

1. Entity Name  
**LUIS LEAL'S MARINE SERVICE, INC.**



Principal Place of Business  
166 AVE "C"  
KEY WEST, FL 33040

Mailing Address  
166 AVE "C"  
KEY WEST, FL 33040

2. Principal Place of Business  
**430 AVE C**

3. Mailing Address  
**430 AVE C**

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **65-1104123** Applied For  
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
**LEAL, LUIS**  
**166 AVE "C"**  
**KEY WEST, FL 33040**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**430 AVE C**  
City **FL** Zip Code

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 *Luis Leal* **LUIS LEAL**  
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, 2003 Fee will be \$650.00  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEAL, LUIS</b> <del><b>166 AVE "C"</b></del> <b>KEY WEST, FL 33040</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>430 AVE C</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: *Luis Leal* **LUIS LEAL PRESIDENT 4/10/03** 305 296-8269  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cayman Phone #

CFR2E034 (10/02)