

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

*** FILED**
Sep 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000049830

1. Entity Name
SOUTHERN SEAS MARINE SERVICES, INC.



Principal Place of Business
3101 SW 21 ST.
FT. LAUDERDALE, FL 33312

Mailing Address
3101 SW 21 ST.
FT. LAUDERDALE, FL 33312



08252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1107195

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ESCOBAR, RICARDO D
3101 SW 21 ST.
FT. LAUDERDALE, FL 33312

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ESCOBAR, RICARDO D
3101 SW 21 ST.
FT. LAUDERDALE, FL 33312

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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09/14/04-80001-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-08-04-

Date

954-815-1641

Daytime Phone #