


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

DO NOT WRITE IN THIS SPACE



08252004 No Chg-P CR2E034 (10/03)

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	D
NAME	ESCOBAR, RICARDO D
STREET ADDRESS	3101 SW 21 ST.
CITY - ST - ZIP	FT. LAUDERDALE, FL 33312
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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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:  09-08-04- 954-815-1641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #