## FOR PROFIT CORPORATION INIFORM BUSINESS REPORT (UBR

FILED
May 03, 2004 08:00 AM
Secretary of State

UNIF	ORM BUSIN	ESS REPO	DRT (U	BR	2)	Secretary of S	tate
DOCUMENT 7 1. Entity Name	# P01000065	420					·······
ALLIED MARITIME IN	IVESTMENTS COR	D					
	OT WRIT		IS Si	A	9E		
2. Principal Place of Business		3. Mailing Address				- <del>-</del>	
3795 NW SOUTH RIVER DR Suite, Apt. #, etc.		860 CORAL RIDGE DR Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE	
		202					
City & State MIAMI, FL	City & State CORAL SPRINGS, FL				<b>4.</b> FEI Number 80-0033094	Applied For    Not Applicable	
Zip	Country			Country		5. Certificate of Status Desired	\$8,75 Addition:
33142	USA	33071	U	SA			Fee Required
					7. Nan Name	ne and Address of Current Registe	ered Agent
DO NOT WRITE					JOHN C. LOUIS		
· 하는 사람들이 되었다면 하는 사람들이 되었다. 그는 사람들이 사람들이 없는 사람들이 없는 사람들이 없는 사람들이 없는 사람들이 되었다면 하는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 사람들이 없는 것이 없다면 없는 것이 없다면 없는 것이 없다면 없는 것이 없는 것이 없는 것이 없다면 없다면 없어요. 되었다면 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없다면				Street Address (P.O. Box Number is Not Acceptable) 860 CORAL RIDGE DR # 202			
	NTHISS	PACE			COO COTONE IN	NDOL DIV# 202	
					City		71- 0-da
					CORAL RIDG	<sub>⊑</sub> FL ∣	Zip Code 33071
8. The above named	l entity submits this am familiar with, ar	statement for the	e purpose	of ch	anging its regis	stered office or registered agent, or b	ooth, in the
<i>(</i> <b>V</b>	Anciaminal with, ar	id accept the obli	igations of	regis	stered agent.		
SIGNATURE Signati	ure, typed or printed name	e of registered agent a	and title if anni	icable	(NOTE: Regist	tered Agent signature required when reinstating	DATE
January	May 7 Fee is \$15	0.00					
January 1. Máy 1 Fee is \$150,00 After May 1, Fee is \$550.00 Amended UBR is \$61,25						9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
Make Check Payabl	<u>e to Florida Depar</u>	tment of State				Tract and comments.	7,0000 (01 000
10.	OFFICERS IPRESIDENT	AND DIRECTOR	RS	11			iden dia menden dia me
NAME	JOHN C. LOIS			41	МE	U00000154794 g05/05/04+80011-012	
STREET ADDRESS	860 Coral Springs		2		REET ADDRES	s   U37U8/L9-6U0113-U1/	132.00
CITY-ST-ZIP TITLE	FL 33071 Vice President				ry-ST-ZIP LE		
NAME	Wilson Mendoza			NA	ME		
STREET ADDRESS CITY-ST-ZIP	Rivulet Road Couva, Trinidad &	Tohago			REET ADDRES Y-ST-ZIP	<b>S</b>	
TITLE	Joura, mingad &	TODEGO		***	ŭ i		
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STREET ADDRESS CITY-ST-ZIP				* * * * * * * * * * * * * * * * * * * *	REET ADDRES! IY-ST-ZIP	DO NOT W	RITE
TITLE			3			IN THIS SP	ARE
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CITY-ST-ZIP	the information curs!	ad with this filing d	Ope pot dual		Y-ST-ZIP	stated in Section 119.07(3)(i), Florida Sta	tutos I furthor
rent incress certify that	are imprination suppli	en wini nuz mină a	nes nor dna	my ro	r ma exembriou a	stated itt Section 119.07(3)(i), Fl0ff08 St8:	wes. Hulliel

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 on an attachment with an address, with all other like empowered.

SIGNATURE: