


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90046 043 ***150.00

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| DOCUMENT # P01000071282 1. Entity Name ALL-TRADE MARINE, INC. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 2854 STIRLING ROAD #1 HOLLYWOOD, FL 33020 | | | Mailing Address 2854 STIRLING ROAD #1 HOLLYWOOD, FL 33020 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business 1717 SW 1st Way Suite, Apt. #, etc. Bay #7 City & State Deerfield Beach FL Zip 33441 | | | 3. Mailing Address 1717 SW 1st Way Suite, Apt. #, etc. Bay #7 City & State Deerfield Beach FL Zip 33441 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country USA | | | Country USA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent ANDRADE, ARMANDO 2854 STIRLING ROAD #1 HOLLYWOOD, FL 33020 | | | 7. Name and Address of New Registered Agent Name Armando Andrade Street Address (P.O. Box Number is Not Acceptable) 1717 SW 1st Way Bay #7 City Deerfield Beach FL Zip Code 33441 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 X. Armando Andrade <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> PSD ANDRADE, ARMANDO 2854 STIRLING ROAD #1 HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table> | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSD ANDRADE, ARMANDO 2854 STIRLING ROAD #1 HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete | | | | | | | | | | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> PSD Andrade, Armando 1717 SW 1st Way Bay #7 Deerfield Beach FL 33441 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table> | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSD Andrade, Armando 1717 SW 1st Way Bay #7 Deerfield Beach FL 33441 <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)(f), 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: X. Armando Andrade <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

50030485



02172005 Chg-P CR2E034 (10/03)

4. FEI Number
65-1119513
Applied For
Not Applicable

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

Date Daytime Phone #