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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000074464

1. Entity Name
C&M OCEAN LINE, INC.

Principal Place of Business	Mailing Address
3293 NORTHWEST SOUTH RIVER DRIVE MIAMI, FL 33142	3293 NORTHWEST SOUTH RIVER DRIVE MIAMI, FL 33142

2. Principal Place of Business	3. Mailing Address
8591 NW 186 Street	8591 NW 186 Street
Suite, Apt. #, etc.: 178	Suite, Apt. #, etc.: 178
City & State: Miami Florida	City & State: Miami Florida
Zip: 33015 Country: USA	Zip: 33015 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1125085 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOURRA, EDDY 3163 NW SOUTH RIVER DRIVE MIAMI, FL 33142	Name: MOURRA, Eddy Street Address (P.O. Box Number is Not Acceptable): 8591 NW 186 Street Suite 178 City: Miami FL Zip Code: 33015

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 _____ 09/08/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	PSTD MOURRA, MUNIR J 3293 NORTHWEST SOUTH RIVER DRIVE MIAMI, FL 33142	☐ Delete	PSTD MOURRA, MUNIR 8591 NW 186 Street Suite 178 Miami FL 33015	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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: _____ MUNIR MOURRA PRES 09/08/03 786-277-0816
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #