2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000088831

FILED Apr 20, 2005 8:00 am Secretary of State 04-20-2005 90366 020 ***150.00

FINEST N	MARINE CARPENTR	Y, INC.									
Principal Place of Business			Mailing Address					•	5004	1528	
2238 SW 34TH ST. FT. LAUDERDALE, FL 33335			2238 SW 34TH ST. FT. LAUDERDALE, FL 33335						0004	1928	
Principal Place of Business : 3. Mailing Address											
								B3 86 8 B8 B3 B3	#		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04092005	Chg-P	CR2E03	4 (10/03)	
City & State			City & State				4. FEI Numbe 65-113			·	plied For t Applicable
Zip	Country		Zip	Count	try		5. Certificate of Status Desired		S8.75 Additional Fee Required		
	6. Name and Address of	Current Regis	tered Agent	==.	جد مسه	, a .	7:-Name and	Address of New R	legistered A	gent 🛫	- : -=
DOMANI CADI OS					Name						
ROMAN, CARLOS 2238 SW 34TH ST. FT. LAUDERDALE, FL 33335					Street Address (P.O. Box Number is Not Acceptable)						
TI. ENOBERDALE, PE 33333											
				:	City				FL	Zip Codi	8
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 reinstating) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Trust Fund Contrib					icing	\$5.0 Added	May Be I to Fees				
10. OFFICERS AND DIRE			CTORS	11.			ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
TITLE	PD Delete		TITLE						Change	☐ Addition	
NAME STREET ADDRESS	ROMAN, CARLOS 2238 SW 34TH ST.		•		NAME Street Address						Ś
CITY-ST-ZIP	FT. LAUDERDALE, FL 33335			-ST-ZIP		Ŧ. J.				1	
TITLE			☐ Delete	TITLE						☐ Change	☐ Addition
NAME STREET ADDRESS	II.			NAME	ET ADDRESS						
CITY-ST-ZIP					·ST-ZIP						
TITLE			☐ Delete	TITLE						Change	Addition
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STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP						
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NAME				NAMI							-
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST - ZIP						
TITLE			☐ Defete	TITLE						☐ Change	☐ Addition

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.

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05 180

Daytime Phone #