## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

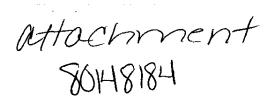
<u>SIGNATURE REQUIRED</u>

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)					FILED Sep 15, 2003 8:00 am Secretary of State		
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	ce of Business VEST 189 TERRACE 33029	Mailing Address 18459 PINES BLVD #210 MIRAMAR FL 33029				! 1888)   1898   1898   1888   1888	
2. Principal P	Place of Business	3. Mailing Address			I IBRITARI (III BUIRI (IIII) BULI BULI BRII		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	3160 SW 189 TERR. Suite, Apt. #, etc.		F1 CHECK HERE II	F MAKING CHANGES	<b>.</b>
City & State	re	City & State			4 EEI Number		pplied For
		MIRARAR	FL		4. FET NUMBER 65-1145682	N	ot Applicable
Zip 	Country	<sup>Zip</sup> 33029	BROWAR	a di	5. Certificate of Status Desired	S8.75 Ad	
	6. Name and Address of Curre	ent Registered Agent	Name	7	7. Name and Address of New Re	egistered Agent	
GONZALE 18459 PIN #210	Z, CARLOS J NE BLVD	معلقه مشیخ برنگ لوی که متحدیث	Street A	): <i>いごA</i>  dress:/P.C   <b>3</b>	D. Box Number is Not Acceptable 1	err,	
MIRAMAR	FL 33029		City			FL Zip Coo	ie
8. The above the obligat	named entity submits this statemen tions of registered agent.	2- CARLOST	registered office or	<u></u>	Sa pl	ida. I am familiar with	and accept
8. The above the obligate SIGNATURE	named entity submits this statemen tions of registered agent.	2— CARLOST ent and title if applicable. (NOTI	registered office or	<u></u>	Sa pl	DATE	and accept  On May Be d to Fees
8. The above the obligate SIGNATURE FAfter Make Check 10,	named entity submits this statementions of registered agent.  Signature, typed or printed fame of registered agent.  FILE NOW!!! FEE IS \$150.00  r May 1, 2003 Fee will be \$550.00  k Payable to Florida Department	pent and title if applicable. (NOTE	registered office or GONZALEZ E: Registered Agent signatu	re required whe	en reinstating)  9. Election Campaign Fine	DATE  ancing \$5.0  CERS AND DIRECTOR	OO May Be d to Fees
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Date



August 27, 2003

TAXPAYER: MARITIME MEDICAL ENTERPRISES, INC.

DOC. NO.: P01000100368

FORM: UNIFORM BUSINESS REPORT (UBR)

PERIOD: 2003

Gentlemen / Mesdames:

Foremost, please note that it was not the taxpayer's willful neglect or intent to not timely pay and file the 2003 Corporate Annual Report but simply a result of the facts stated below.

During the end of 2002 the taxpayer moved business locations. As a result of the address change, the taxpayer had all mail forwarded by the Post Office to the new address. During this change it seems that the original copy of the Report was temporarily lost in the mail since the taxpayer did not receive the Report until August 2003. Therefore, please update your records accordingly to reflect the correct address as "3160 Southwest 189<sup>th</sup> Terrace, Miramar, Florida 33029".

In light of the above facts, we respectfully request the abatement of all penalties. Enclosed is a check in the amount of \$150 for the 2003 Annual Report.