
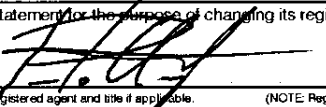
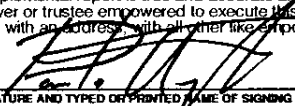


FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90033 020 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000110026			
1. Entity Name READY TO GO MARINE SERVICES, INC.			
Principal Place of Business 12540 SW 130 ST 4 MIAMI, FL 33186		Mailing Address 1550 MADRUGA AVE. SUITE 406 MIAMI, FL 33156	
2. Principal Place of Business		3. Mailing Address 12540 SW 130 St	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 4	
City & State		City & State Miami, FL	
Zip	Country	Zip	Country
33186		33186	Dade
4. FEI Number 65-1157983		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AMEGLIO, PAOLA 1150 MADRUGA AVENUE STE 406 MIAMI, FL 33146		7. Name and Address of New Registered Agent Name Paolo Ameglio Street Address (P.O. Box Number is Not Acceptable) 12540 SW 130 St 4 City Miami FL Zip Code 33186	
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  DATE 1-28-04 <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, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD AMEGLIO, PAOLO G <input type="checkbox"/> Delete 12823 SW 112 PLACE MIAMI, FL 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEIVA, SANDRA <input type="checkbox"/> Delete 12823 SW 112 PLACE MIAMI, FL 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PEREZ, ALEXIS <input checked="" type="checkbox"/> Delete 12540 SW 130 ST MIAMI, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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. SIGNATURE:  DATE 1-28-04 746-251-2588 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			