**FILED** 

## **2003 FOR PROFIT CORPORATION**

UNIFORM BUSINESS REPORT (UBR)					Sep 05, 2003 8:00 am	
DOCUMENT # P01000110026  1. Entity Name READY TO GO MARINE SERVICES, INC.					Sep 05, 2003 8:00 am Secretary of State 09-05-2003 90109 022 ***550.00	
Principal Place of Business 1550 MADRUGA AVE. SUITE 406 MIAMI FL 33156		Mailing Address 1550 MADRUGA AVE. SUITE 406 MIAMI FL 33156				
135 L Suite, Apt.	Place of Business H O S.W. 130 5+ #, etc.	3. Mailing Address 1550 Mudes Suite, Apt. #, etc.	gh Ave			
나 City & Star	te 01	City & State	Car attitle		4. FEI Number 65-1157983 Applied For	
—- <b>М</b> і- Ш Zip	Country	- Miam-F-1-	Country	ـ ــــو	Not Applicable	
	86 Dade	33150	Dade		Fee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Reg					7. Name and Address of New Registered Agent	
AMEGLIO, PAOLA 1150 MADRUGA AVENUE			Street Ad	Street Address (P.O. Box Number is Not Acceptable)		
STE 406	• •		-	<del></del>		
MIAMI FL	. 33146	City			FL Zip Code	
8. The above ramed 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						
After Se	FILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750.0 k Payable to Florida Department of S	10 State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	OFFICERS AND D		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AMEGLIO, PAOLO G 12823 SW 112 PLACE MIAMI FL 33176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEIVA, SANDRA 12823 SW 112 PLACE MIAMI FL 33176	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alegis Haray Walder William	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P Alex (254) William	Change Addition  (is Pere 2 0 5. V. 130 57  mi Fl 33186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		. Change Addition	
indicated of the cor	certify that the information supplied with the on this report or supplemental report is the poration or the receiver or trustee empty. Or on an attachment with an address with a paddress wit	ue and accurate and that my ered to execute this report as	e exemption state signature shall ha required by Chal	ed in Sect ave the sa oter 607, I	ction 119.07(3)(i), Florida Statutes. I further certify that the information ame legal effect as if made under oath; that I am an officer or director Florida Statutes; and that my name appears in Block 10 or Block 11 if	

SIGNATURE:

<u> (Equired</u>

4-18-03 786-251-2568 Date Dayline Phone #