2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000116704

Address:

City-St-Zip:

531 W 65 ST

HIALEAH, FL 33012

FILED Jan 12, 2004 Secretary of State

| Entity Na | me: APOSTL | ES MARITIME CONSULTING, | INC. | | |
|---|--|----------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| | TH STREET FL 33012 | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| | TH STREET FL 33012 | | | | |
| FEI Number | : 80-0002987 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| 201 SOUT MIAMI, FL | 33131 US | BLVD STE 1700 | | | |
| | e named entity e of Florida. | submits this statement for the p | ourpose of changing its registere | d office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| Electronic Signature of Registered Agent | | | ent | Date | |
| Election Ca | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | DP (SUAREZ, NOR 531 W 65TH S' HIALEAH, FL 3 | TREET | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | DS (SUAREZ, DULC 531 W 65TH S' HIALEAH, FL 3 | TREET | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | VP (SUAREZ, DULC |) Delete CE M | Title: Name: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: NORBERTO SUAREZ DP 01/12/2004