

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90050 041 \*\*\*150.00

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04022005 Chg-P CR2E034 (10/03)

DOCUMENT # P02000001493					
1. Entity Name LAMBERTS MARINE SERVICE INC.					
Principal Place of Business 626 SOUTH RIO VISTA BLVD. FT LAUDERDALE, FL 33316			Mailing Address 626 SOUTH RIO VISTA BLVD. FT LAUDERDALE, FL 33316		
2. Principal Place of Business 1208 SW 18th COURT Suite, Apt. #, etc. SUITE A		3. Mailing Address SAME Suite, Apt. #, etc.			
City & State FORT LAUDERDALE FL		City & State		4. FEI Number 30-0046000	
Zip 33315		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required.		
6. Name and Address of Current Registered Agent LAMBERT, RODNEY 626 SOUTH RIO VISTA BLVD FT LAUDERDALE, FL 33316			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: <i>[Signature]</i> DATE: 4/2/05 <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, 2005 Fee will be \$550.00		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	P LAMBERT, RODNEY 626 SOUTH RIO VISTA FT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>[Signature]</i>			Date: 4/2/05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		