

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000003478

1. Entity Name

INTERNATIONAL MARITIME SOLUTIONS, INC.



Principal Place of Business

935 SW 8TH STREET
FT LAUDERDALE, FL 33315 US

Mailing Address

935 SW 8TH STREET
FT LAUDERDALE, FL 33315 US



04042004 No Chg-P CR2E034 (10/03)

4. FEI Number

03-0374940

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WENDELL, HEATHER
935 SW 8TH ST
FT LAUDERDALE, FL 33315

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000105455

04707704-80027-002 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SVEC, KEVIN
STREET ADDRESS 935 SW 8TH ST
CITY- ST- ZIP FT LAUDERDALE, FL 33315

TITLE D
NAME WENDELL, HEATHER
STREET ADDRESS 935 SW 8TH STREET
CITY- ST- ZIP FT LAUDERDALE, FL 33315

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CITY- ST- ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 Apr 04

Date

954-673-9428

Daytime Phone #