


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90305 039 \*\*\*150.00


<b>DOCUMENT # P02000015305</b>	
1. Entity Name <b>PALM BEACH MARINE CONSTRUCTION, INC.</b>	

Principal Place of Business <b>1729-D FOREST LAKES CIR. W. PALM BCH, FL 33406</b>	Mailing Address <b>P. O. BOX 21466 W. PALM BCH, FL 33416</b>
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2. Principal Place of Business <b>1410 Forsythe</b>	3. Mailing Address <b>1410 Forsythe</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>West Palm Beach, FL</b>	City & State <b>West Palm Beach, FL</b>
Zip <b>33405</b>	Country
Country	Zip <b>33405</b>
Country	Country

**40061012**



04062005 Chg-P CR2E034 (10/03)

4. FEI Number <b>75-2997419</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>SARIOL, MIGUEL 1729-D FOREST LAKES CIR. W. PALM BCH, FL 33406</b>		
7. Name and Address of New Registered Agent Name <b>Javier Quevedo</b> Street Address (P.O. Box Number is Not Acceptable) <b>243 Gray Street</b> City <b>West Palm Beach</b> FL Zip Code <b>33405</b>		

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS QUEVEDO, JAVIER 2615 N FEDERAL HWY LAKE WORTH, FL 33460 <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	VS QUEVEDO, JESUS 2615 N FEDERAL HWY LAKE WORTH, FL 33460 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chairman</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SARIOL, VERONICA 1729-D FOREST LAKES CIR. W. PALM BCH, FL 33406 <input checked="" 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	C ALLISTON, CURTIS 1445 JUMANA LOOP APOLLO BEACH, FL 33572 <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	<b>Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Atkins, Jr., Cebrone</b> <b>516 Bay Road</b> <b>North Palm Beach, FL 33408</b>
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** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_