

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90026 045 ***150.00

DOCUMENT # P02000015305

1. Entity Name
PALM BEACH MARINE CONSTRUCTION, INC.



Principal Place of Business
**1729-D FOREST LAKES CIR.
W. PALM BCH, FL 33406**

Mailing Address
**P. O. BOX 21466
W. PALM BCH, FL 33416**

DO NOT WRITE IN THIS SPACE



03082006 No Chg-P CR2E034 (11/05)

4. FEI Number 75-2997419	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**QUEVEDO, JAVIER
243 GRAY STREET
WEST PALM BEACH, FL 33405**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	QUEVEDO, JAVIER
STREET ADDRESS	2615 N FEDERAL HWY
CITY-ST-ZIP	LAKE WORTH, FL 33460

TITLE	VS
NAME	QUEVEDO, JESUS
STREET ADDRESS	2615 N FEDERAL HWY
CITY-ST-ZIP	LAKE WORTH, FL 33460

TITLE	C
NAME	ALLISTON, CURTIS
STREET ADDRESS	1445 JUMANA LOOP
CITY-ST-ZIP	APOLLO BEACH, FL 33572

TITLE	V <i>Atkins</i>
NAME	ALLISTON, JR. <i>CADRONE Cebro</i>
STREET ADDRESS	516 BAY ROAD
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

3-10-06(56)588-7690
Date Daytime Phone #