2007 FOR PROFIT CORPORATION

FILED Mar 16, 2007 08:00 A Secretary of State

ANNUAL KEPUKI	
DOCUMENT # P02000020950 1. Entity Name M.M. VESSEL MAINTENANCE, INC.	
· · · · · · · · · · · · · · · · · · ·	

Principal Plac 2513 SW 18 MIAMI, FL 3	TH ST	Mailing Address 2513 SW 18TH ST MIAMI, FL 33145	-					
DO NOT WRITE IN THIS SPA		CE	03102007	No Chg-P	CR2E034	(11/05)		
				02-055		□ \$8 Fee	Not Applicable .75 Additional Required	
	6. Name and Address of Current Reg	stered Agent		L	m Asym		A Z D D D D	
CAMEJO, LUIS 4898 NW 7TH ST. MIAMI, FL 33126				DO NOT WRITE IN THIS SPACE				
8. The above the obligat	named entity submits this statement for the tions of registered agent.		·		th, in the State of Fic	rida. I am fam	liar with, and accept	
	Signature, typed or printed name of registered agent and till	le it applicable (NOTE Registere	d Agem signature required	when reiristaling)		DATE	- <u> </u>	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		00 May Be ed to Fees				
10.	OFFICERS AND DIRE	CTORS				- : -		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARIANA, MIGUEL JR 2513 SW 18TH ST MIAMI, FL 33145	tina a Life di Salahari da						
TITLE		g w file						
NAME STREET ADDRESS CITY-ST-ZIP					U000 03/27/0	00668296 7-80022-	-024 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE		
TITLE NAME STREET ADDRESS		***************************************		IN .	THIS SF	ACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TRLE NAME STREET ADDRESS CITY-ST-ZIP							· · - 4.	
12. Thereby	certify that the information supplied with this	filling does not qualify for the ex-	amptions contained	In Chapter 110), Florida Statutes. I	further certify t	hat the information	

12. I nereby certify that the information supplied with this filling 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:

BES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/07

305-992-411

Daytima Phone #