

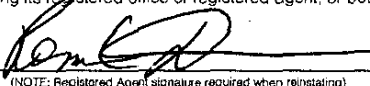



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90024 007 ***150.00

DOCUMENT # P02000104552 1. Entity Name DOCKSIDE MARINE MAINTENANCE, INC.					
Principal Place of Business 700 N E 42ND ST POMPANO BEACH, FL 33064			Mailing Address 700 N E 42ND ST POMPANO BEACH, FL 33064		
2. Principal Place of Business 7393 E. COUNTRY CLUB BLVD. BOCA RATON, FLORIDA 33487		3. Mailing Address 7393 E. COUNTRY CLUB BLVD. BOCA RATON, FLORIDA 33487			
4. FEI Number 32-0045080		Applied For <input type="checkbox"/> Not Applicable		02182004 Chg-P CR2E034 (10/03)	
Zip Country _____ USA		Zip Country _____ USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEMARCO, ROMERO C 700 NE 42ND ST POMPANO BEACH, FL 33064				7. Name and Address of New Registered Agent Name ROMEO C. DEMARCO Street Address (P.O. Box Number is Not Acceptable) 7393 E. COUNTRY CLUB BLVD. City BOCA RATON FL 33487	
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 Romeo C. DeMarco  DATE 3/2/04 <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, 2004 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	DPTS DEMARCO, ROMEO C <input type="checkbox"/> Delete 700 NE 42ND ST POMPANO BEACH, FL 33064		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS ROMEO C. DEMARCO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7393 E. COUNTRY CLUB BLVD. BOCA RATON, FL. 33487	
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	
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	
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	
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	
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: Romeo C. DeMarco  DATE 3/2/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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