


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000125363	
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1. Entity Name PEREIRA MARINE CORP.	Principal Place of Business 9350 FONTAINEBLEAU BLVD., C-308 MIAMI, FL 33172	Mailing Address 9350 FONTAINEBLEAU BLVD., C-308 MIAMI, FL 33172
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04052005 No Chg-P CR2E034 (10/03)

4. FEI Number 43-1984754	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PEREIRA, PEDRO R 9350 FONTAINEBLEAU BLVD., C-308 MIAMI, FL 33172

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000293082 04/08/05-80015-009 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PEREIRA, PEDRO R 9350 FONTAINEBLEAU BLVD., C-308 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD PEREIRA, JOSE R 8851 NW 119TH ST. #4408 HIALEAH GARDENS, FL 33018
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Pedro R Pereira* 4/4/05 305-222-8465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #