


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90210 010 \*\*\*158.75

<b>DOCUMENT # P03000022759</b>	
1. Entity Name <b>A &amp; M MARINE SOLUTIONS, INC.</b>	

Principal Place of Business <b>8000 WEST DRIVE #326 NORTH BAY VILLAGE, FL 33141</b>	Mailing Address <b>8000 WEST DRIVE #326 NORTH BAY VILLAGE, FL 33141</b>
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**34073431**

2. Principal Place of Business <b>1035 Lake Shore Dr</b>	3. Mailing Address <b>1035 Lake Shore Dr</b>
Suite, Apt. #, etc. <b>201</b>	Suite, Apt. #, etc. <b>201</b>



City & State <b>Lake Park FL</b>	City & State <b>Lake Park FL</b>
Zip <b>33403</b>	Zip <b>33403</b>
Country <b>USA</b>	Country <b>USA</b>

03182004 Chg-P CR2E034 (10/03)

4. FEI Number <b>02-0677550</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>SINN, ALISSA N 5101 COLLINS AVE #6M MIAMI BEACH, FL 33140</b>	
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7. Name and Address of New Registered Agent Name: <b>SINN ALISSA N</b> Street Address (P.O. Box Number is Not Acceptable): <b>1035 Lake Shore Dr #201</b> City: <b>Lake Park</b> FL Zip Code: <b>33403</b>	
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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: *A Sinn* DATE: 2/28/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	<b>D SINN, ALISSA N 5101 COLLINS AVE #6M MIAMI BEACH, FL 33140</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SINN, ALISSA N 1035 Lake Shore Dr #201 Lake Park FL 33403</b> <input checked="" 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
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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: *A Sinn* DATE: 2/28/04 (561) 762-47769  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone