2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000077710

1. Entity Name
MARINE & ALLIED SERVICES, INC.

Principal Place of Business	Mailing Address
1111 BRICKELL AVENUE SUITE 1100 MIAMI, FL 33131	C/O 8448 DUNDEE TR HIALEAH, FL 33016

01262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-2379306
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STEWART, KERRI-QUAAN
8448 DUNDEE TERRACE
HIALEAH, FL 33016

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

U00000411384
02/10/06-80005-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STEWART, KERRI-QUAAN
STREET ADDRESS	8448 DUNDEE TERRACE
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	D
NAME	STEWART, FABIAN
STREET ADDRESS	8448 DUNDEE TERRACE
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	D
NAME	STEWART, DOREEN
STREET ADDRESS	8448 DUNDEE TERRACE
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemption stated 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: _____ Jan 26.06 1 876 818 0095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #