


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000077710</b> 1. Entity Name <b>MARINE &amp; ALLIED SERVICES, INC.</b>	
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Principal Place of Business <b>1111 BRICKELL AVENUE SUITE 1100 MIAMI, FL 33131</b>	Mailing Address <b>C/O 8448 DUNDEE TR HIALEAH, FL 33016</b>
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**DO NOT WRITE IN THIS SPACE**



01292007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>76-2379306</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, KERRI-QUAAN 8448 DUNDEE TERRACE HIALEAH, FL 33016
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, FABIAN 8448 DUNDEE TERRACE HIALEAH, FL 33016
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, DOREEN 8448 DUNDEE TERRACE HIALEAH, FL 33016
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/29/07**

Date

**305-648-5231**

Daytime Phone #

U00000622267  
02/13/07-80018-022 150.00

**DO NOT WRITE  
IN THIS SPACE**