


05-03-2004 91025 016 ***150.00

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| DOCUMENT # P03000086564 | |  | | 05-03-2004 91025 016 ***150.00 | |
| 1. Entity Name BLUE JACKET MARINE INC | | | | | |
| Principal Place of Business 1717 N. BAYSHORE DR., NO. 3537 MIAMI, FL 33132 | | Mailing Address 1717 N. BAYSHORE DR., NO. 3537 MIAMI, FL 33132 | | | |
| 2. Principal Place of Business 3795 NW South River Dr Suite, Apt. #, etc. | | 3. Mailing Address 3795 NW South River Dr. Suite, Apt. #, etc. | | 04292004 Chg-P CR2E034 (10/03) | |
| City & State Miami, FL. | | City & State Miami, FL. | | 4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| Zip 33142 | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ZAMBRANA, JAY J 1717 N. BAYSHORE DR., NO. 3537 1053 MIAMI, FL 33132 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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, 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 | PD MANNING, ROBERT N 1460 OCEAN DR. NO. 408 MIAMI BCH, FL 33139 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Zambrana, Jay J 1717N Bayshore Dr., No. 1053 Miami, FL. 33132 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LOPEZ, JUAN 3795 NW SOUTH RIVER DR. MIAMI, FL 33142 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V Lopez, Juan 3795 NW South River Dr. Miami, FL. 33142 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ZAMBRANA, JAY J 1717 N. BAYSHORE DR., NO. 3537 MIAMI, FL 33132 | <input checked="" 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | 4/29/04 3056347374 Date Daytime Phone # | | |