
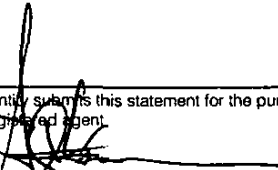
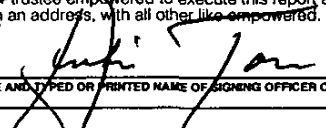


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90095 025 \*\*\*150.00

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>DOCUMENT # P03000105469</b><br>1. Entity Name<br><b>ARCH DIESEL MARINE, INC.</b>  |  |  |  |    |  |
| Principal Place of Business<br><b>19238 NW 80TH COURT<br/>MIAMI, FL 33015</b>  |  |  | Mailing Address<br><b>19238 NW 80TH COURT<br/>MIAMI, FL 33015</b>  |   |  |
| 2. Principal Place of Business   |  | 3. Mailing Address                                 |  |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.                                |  |   |  |
| City & State   |  | City & State                                       |  |   |  |
| Zip  |  | Country  |  | Zip   |  |
| Country  |  | Country  |  | Country   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>TOSAR, RUBEN<br/>19238 NW 80TH CT.<br/>MIAMI, FL 33015</b>   |  |  |  | 7. Name and Address of New Registered Agent<br>Name <b>MARIO ABREU</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>8317 SW 23RD CT</b><br>City <b>MIRAMAR</b> <b>FL</b> Zip Code <b>33025</b> |  |
| 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.<br><br>SIGNATURE  <b>MARIO ABREU</b> <b>03/13/2005</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>  |  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>PD<br/>TOSAR, RUBEN<br/>19238 NW 80TH COURT<br/>MIAMI, FL 33015</b> <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>TD<br/>POL, ARIEL<br/>403 NW 72ND AVENUE #117<br/>MIAMI, FL 33126</b> <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>D<br/>GORDON, SHEDRACK<br/>6101 NW 21 AVE.<br/>MIAMI, FL 33142</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| <b>12.</b> 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. |  |  |  |   |  |
| <b>SIGNATURE:</b>   |  |  | <b>3-28-05</b><br><small>Date Daytime Phone #</small>  |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  |  |   |  |