

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Jan 12, 2005 8:00 am
Secretary of State

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01062005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000006448 1. Entity Name NAUTICAL MARITIME CONSUTLANTS, INC.					
Principal Place of Business 17901 SW 33 STREET MIRAMAR, FL 33029			Mailing Address 17901 SW 33 STREET MIRAMAR, FL 33029		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 61-1464381				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EMANUELLI, GABRIEL R 17901 SW 33 STREET MIRAMAR, FL 33029			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	P	<input type="checkbox"/> Delete			
NAME	EMANUELLI, GABRIEL R				
STREET ADDRESS	17901 SW 33 STREET				
CITY - ST - ZIP	MIRAMAR, FL 33029				
TITLE	<input type="checkbox"/> Delete				
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE	<input type="checkbox"/> Delete				
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE	<input type="checkbox"/> Delete				
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: Gabriel R. Emanuelli 1/6/05 (954) 258-6995 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					