2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000021587

Entity Name: AFRICAT MARINE, INC.

City-St-Zip:

() Delete

Title:

Name:

Address:

City-St-Zip:

FILED Sep 22, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
4851 HILLSBORO BLVD				4855 HILLSBORO BLVD		
11B COCONUT CREEK, FL 33073				B-11 COCONUT CREEK, FL 33073		
Current Mailing Address:				New Mailing Address:		
4851 HILLSBORO BLVD				4855 HILLSBORO BLVD		
11B COCONUT CREEK, FL 33073				B-11 COCONUT CREEK, FL 33073		
FEI Number: 3	4-1977176	FEI Number Applied For ()	El Num	ber Not Appli	cable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
FORD, RICHARD 4851 HILLSBORO BLVD 11B COCONUT CREEK, FL 33073 US				FORD, RICHARD 4855 HILLSBORO BLVD B-11 COCONUT CREEK, FL 33073 US		
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.						
SIGNATURE:				09/22/2008		
Electronic Signature of Registered Agent				Date		
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:						
Name: Address:	FORD, RICHAR 647 CAMBRIDG			Title: Name: Address: City-St-Zip:	FORD, RICHA 7696 N.W. 47	
Name: Address:	VP () STEINHURST, I 1330 MOUNTIA ASPEN, CO 81	N VIEW DR		Title: Name: Address: City-St-Zip:	NIEMANN, JE 58 HENWOO	
Title: Name: Address:	()	Delete		Title: Name: Address:	D (NIEMANN, PA 58 HENWOO	

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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

NEW GERMANY, KZ 3610 SA

NEW GERMANY, KZ 3610 SA

FRITCHLEY, DAVID

58 HENWOOD RD

() Change (X) Addition

SIGNATURE: RICHARD FORD P 09/22/2008