2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 14, 2008 08:00 A Secretary of State **DOCUMENT # P04000125609** 1. Entity Name PRO TECH MARINE SERVICES CORP. Principal Place of Business Mailing Address PO BOX 127148 PO BOX 127148 HIALEAH, FL 33012 HIALEAH, FL 33012 CR2E034 (11/05) 03112008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 35-2237264 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ARCA, DANIEL DO NOT WRITE 8985 NW 188TH TERR. IN THIS SPACE HIALEAH, FL 33018 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) Synnature, lyped or printed name of registered egent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME DOMINGUEZ, LLOYD STREET ADDRESS 7791 WEST 30TH LANE CITY-ST-ZIP HIALEAH, FL 33018 U00000893668 04/23/08-80117-001 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY+ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED