

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90204 036 ***150.00

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1. Entity Name
NEW WORLD MARINE SERVICE, INC.



Principal Place of Business
2080 G TIGERTAIL BLVD.
DANIA, FL 33004

Mailing Address
PO BOX 245935
PEMBROKE PINES, FL 33024

20008839



04112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1559315

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

POWERS, DAVID A
1600 SW 87 AVE
PEMBROKE PINES, FL 33025

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME POWERS, DAVID A
STREET ADDRESS 1600 SW 87 AVE
CITY-ST-ZIP PEMBROKE PINES, FL 33025

TITLE V
NAME POWERS, HEATHER B
STREET ADDRESS 1600 SW 87 AVE
CITY-ST-ZIP PEMBROKE PINES, FL 33025

TITLE S
NAME POWERS, BRITTANY L
STREET ADDRESS 1600 SW 87 AVE
CITY-ST-ZIP PEMBROKE PINES, FL 33025

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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: David A Powers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/07
Date

Daytime Phone #