
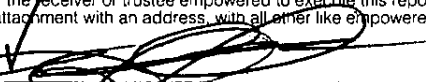


FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # P04000136686				Secretary of S	
1. Entity Name EXPORT MARINE SERVICES, INC.					
Principal Place of Business 15777 SW 44 TERRACE MIAMI, FL 33185 US		Mailing Address 15777 SW 44 TERRACE MIAMI, FL 33185 US			
DO NOT WRITE IN THIS SPACE					
		04252007 No Chg-P CR2E034 (11/05)			
		4. FEI Number 54-2164887		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASANOVA, OSVALDO 15777 SW 44 TERRACE MIAMI, FL 33185		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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		DO NOT WRITE IN THIS SPACE			
TITLE	P				
NAME	CASANOVA, OSVALDO				
STREET ADDRESS	15777 SW 44 TERRACE				
CITY-ST-ZIP	MIAMI, FL 33185				
TITLE	S				
NAME	CASANOVA, OLGA				
STREET ADDRESS	15777 SW 44 TERRACE				
CITY-ST-ZIP	MIAMI, FL 33185				
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: 		Osvaldo Casanova		(305) 325-8100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	