

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90006 025 ***150.00

DOCUMENT # P04000136786 1. Entity Name SOUTH DADE MARINE DIESEL SERVICE INC.					
Principal Place of Business 1311 NE 2ND STREET BAY 1311 HOMESTEAD, FL 33030			Mailing Address 1311 NE 2ND STREET BAY 1311 HOMESTEAD, FL 33030		
2. Principal Place of Business 14100 SW 256 ST		3. Mailing Address 14100 SW 256 ST			
Suite, Apt. #, etc. UNIT 8		Suite, Apt. #, etc. UNIT 8			
City & State PRINCETON FL		City & State PRINCETON FL			
Zip 33032		Country MIAMI-DADE		Zip 33032	
Country MIAMI-DADE		Country MIAMI-DADE			
4. FEI Number 65-1234000			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 SANDS, DAVID 1311 NE 2ND STREET BAY 1311 HOMESTEAD, FL 33030			7. Name and Address of New Registered Agent Name SANDS, DAVID Street Address (P.O. Box Number is Not Acceptable) 14100 SW 256 ST UNIT 8 City PRINCETON FL Zip Code 33032		
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, 2006 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 NAME STREET ADDRESS CITY - ST - ZIP	D SANDS, DAVID 1311 NE 2ND STREET #1311 HOMESTEAD, FL 33030		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SANDS, DAVID 14100 SW 256 ST UNIT 8 PRINCETON FL 33032	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					