


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90014 022 ***150.00

DOCUMENT # P04000158933	
1. Entity Name MARITIME ADVENTURES, INC.	

Principal Place of Business 2999 NE 191 STREET SUITE 905 AVENTURA, FL 33180	Mailing Address 2000 NE 191 STREET SUITE 906 AVENTURA, FL 33180
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2. Principal Place of Business - No P.O. Box # 4400 Biscayne Blvd	3. Mailing Address 4400 Biscayne Blvd
Suite, Apt. #, etc. Suite 900	Suite, Apt. #, etc. Suite 900
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33137	Country US

40108229



04232007 Chg-P CR2E034 (12/06)

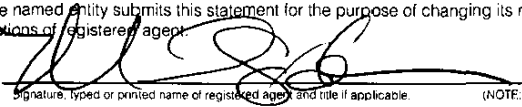
4. FEI Number 20-1932206	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HELLMAN, MAYNARD J 2000 NE 191 STREET SUITE 905 AVENTURA, FL 33180
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) 4400 Biscayne Blvd
Suite, Apt. #, etc. Suite 900
City MIAMI
State FL
Zip Code 33137

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  DATE **4-24-07**

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HELLMAN, MAYNARD J 2999 NE 191 STE 905 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HELLMAN, MAYNARD J. 4400 BISCAYNE BLVD Suite 900 MIAMI, FL 33137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HELLMAN, ANDREA L 2999 NE ST STE 905 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ANDREA L. HELLMAN 4400 BISCAYNE BLVD Suite 900 MIAMI, FL 33137 <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
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

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:  DATE **4-24-07**