2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

	71111071	1121 2111			•	
DOCUMENT # P04000158933 1. Entity Name MARITIME ADVENTURES, INC.					2007 90014 022 ***150.00	
Principal Place	e of Business	Mailing Address		7.0828	7.9	
2 999 NE-191 STREE T		2000 NE 101 STREET		4010823		
S uite 905 - Aventura. Fl: 33180-		S uite 906 Aventura, FL 33180				
MATERIAIN, L	2 33100	MENTORN, FE 33 10U-L		() 0.0 () 0.0 () (0.0 ()) 0.0 ()		
2. Principal Place of Business - No P.O. Box # 4400 BISCA YNE BIUD		3. Mailing Address 4400 Biscative Blud				
Suite, Apt. #, etc. Su: Le 900		Suite, Apt. #, etc. Su, fe 900		04232007 Chg-P	CR2E034 (12/06)	
City & State		City & State		4. FEI Number	Applied For	
M, A,	Country	diami, Fl	ountry	20-1932206	Not Applicable	
3313	7 US	i		5. Certificate of Status De	sired Seried \$8.75 Additional Fee Required	
	6. Name and Address of Current F	<u> </u>	Ī	7. Name and Address of	New Registered Agent	
			Name			
HELLMAN, MAYNARD J 2009 NE-191-STREET			Street Address	Street Address (P.Q. Box Number is Not Acceptable)		
SUITE 905			Street Address (P.O. Box Number is Not Acceptable)			
A VENTURA, FL. 33180			Burte	e 900		
			City //	_	FL Zip Code	
8 The above	named entity submits this statement for	the purpose of changing its regis	stered office or regis	tered agent, or both, in the Sta	ite of Florida. I am familiar with, and accep	
	ions of egistered agent	the purpose of ununging its region	nerod dirige or regio	torod agorit, or both, in the did		
SIGNATURE.		6			4.24-07	
SIGNATURE.	ofgnature, typed or printed name of registered ages, a	nd title if applicable. (NOTE: Regis	stered Agent signature requi	red when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaign Fi Trust Fund Contribution		5.00 May Be dded to Fees		
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS IN 11	
TITLE	P		TITLE 7		☐ Change ☐ Addition	
NAME CTREET + DDDFFDC	HELLMAN, MAYNARD J		NAME HE	UMAN MAYNAR	1 Blud Suite 900	
STREET ADDRESS CITY-ST-ZIP	2999 NE 191 STE 905 AVENTURA, FL 33180				33137	
TITLE	s		IIILE S	1 4001 , 1-1	Change ☐ Addition	
NAME	HELLMAN, ANDREA L	■Y		PREQ L. Hella	ر سوم و	
STREET ADDRESS	2999 NE ST STE 905				Bud Suite 900	
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP	LIAMI, El	33/37	
TITLE			TITLE		Change Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Additio	
NAME			NAME			
STREET ADDRESS		B	STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE NAME			TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS			STREET ADORESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TIFLE		Change Addition	
NAME		j	NAME			
STREET ADDRESS			STREET ADORESS			
CITY-ST-ZIP			CITY-ST-ZIP	and in Chapter 110. Floride Ct	atutes. I further certify that the information	
1 12. Thereby	certify that the information supplied with	rans ining goes not quality for the	averubrious coursi.	190 III Chiapter 119, Florida 50	atolog, i luitingi contriy triat the initorifiation	

12. In prepty certify that the information supplied with this fluing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 attaching the with an action so, with all other like empowered.

SIGNATURE: 4

SIGNATURE AND TYPED OR PRINTED PRINE OF SIGNING OFFICER OR DIRECTOR

4.24-07

Daytme Phone #