## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000166669

**Entity Name:** HNR MARINE SERVICES, INC.

FILED Apr 27, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

4524 NW 114TH AVE 1805 DORAL, FL 33178

**New Mailing Address: Current Mailing Address:** 

2588 SW 27TH AVE MIAMI, FL 33133

FEI Number: 20-1995684 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA, INC. 2588 SW 27TH AVE MIAMI, FL 33133

CONSULTING SERVICES OF SOUTH FLORIDA, INC. 2121 PONCE DE LEON BLVD 1050 CORAL GABLES, FL 33134 US

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.

SIGNATURE: ANTONIO GARCIA 04/27/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition HERRADON, MANUEL HERRADON, MANUEL Name: Name: 4524 NW 114TH AVE 4524 NW 114TH AVE. UNIT 1805 Address: Address:

City-St-Zip: DORAL, FL 33178 City-St-Zip: DORAL, FL 33178

Title: () Delete Title: VΡ ( ) Change (X) Addition

Name: Name: HERRADON, LESLY

4524 NW 114TH AVE. UNIT 1805 Address: Address:

DORAL, FL 33178 City-St-Zip: City-St-Zip:

Title: Title: () Delete ( ) Change (X) Addition Name: HERRADON, GEORGINA C Name: 4524 NW 114TH AVE. UNIT 1805 Address: Address:

City-St-Zip: City-St-Zip: DORAL, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL HERRADON PS 04/27/2005