## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P05000032453

1. Entity Name

JONES WEST YARD MARINE SERVICE, INC.



FILED
May 01, 2007 08:00 AM
Secretary of State

Principal Place of Business

3601 N.W. SOUTH RIVER DR MIAMI, FL 33142

Mailing Address

2355 BISCAYNE BAY DR N MIAMI, FL 33181



04222007

No Chg-P

CR2E034 (11/05)

4. FEl Number 02-0739735 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESTARELLA, MARIA C 2355 BISCAYNE BAY DR N MIAMI, FL 33181

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the plions of registered agent.	urpose of changing its registere	d office or re	gistered agent, or bo	nth, in the State of Florida. I am familiar with, and acce	pt
SIGNATURE.		····				
	Signature, typed or printed name of registered agent and title	fapplicable (NOTE Registered	Agent signature	raquired when renstating)	T H00000753091	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	<ol><li>Election Campaign Finance Trust Fund Contribution.</li></ol>	cing	\$5.00 May Be Added to Fees	05/22/07-80008-004 150.00	
10.	OFFICERS AND DIREC	TORS				
TITLE NAME	PT RUIZ, ORLANDO		· * :			
STREET ADDRESS	2355 BISCAYNE BAY DR					
CITY-ST-ZIP	MIAMI, FL 33181				41	
TIFLE	VS		: .			
NAME	ESTARELLA, MARIA C			•	•	
STREET ADDRESS	2355 BISCAYNE BAY DR					
CITY-ST-ZIP	MIAMI, FL 33181		٠			
TITLE					•	
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12. Thereby 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 supplied entail 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 of 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

MARIA C. ESTARELLA

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2007 (305) 633-8787

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