

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90072 013 \*\*\*150.00

**DOCUMENT # P06000050701**

1. Entity Name  
**COSTAMAR SECURITIES CORP.**



Principal Place of Business  
**17473 NW 91ST AVE.  
HIALEAH, FL 33018**

Mailing Address  
**17473 NW 91ST AVE.  
HIALEAH, FL 33018**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
**P.O. Box 160717**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Hialeah**

Zip

Country

Zip

**33016**

Country

**USA**

01102007

Chg-P

CR2E034 (12/06)

4. FEI Number

**20-4658481**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

Additional  
jurisdiction

6. Name and Address of Current Registered Agent

7. Name and Address of New Register

**CORDOVA, ANGEL D  
780 NW 42ND AVE. #416  
MIAMI, FL 33126**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

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

*M White*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/14/07**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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  
**DPST  
WHITE, MARCIA E  
17473 NW 91ST AVE.  
HIALEAH, FL 33018** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**VP  
GEORGE A. STOCKHAUSEN  
P.O. Box 160717  
Hialeah, FL 33016**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

*M White*

**MARCIA E. WHITE, PRES. 4/03/07**

**4-14-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #