

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P06000055792
1. Entity Name Pan Asia Maritime Solutions



FILED
Mar 10, 2007 08:00 AM
Secretary of State

Principal Place of Business 11231 US HWY 1#168 North Palm Beach, FL 33408
Mailing Address 11231 USHWY1#168 North Palm Beach, FL 33408

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State

City & State

4. FEI Number 61-1463253

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired \$0.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Michael Pietramala
11231 US HWY 1 #168
North Palm Beach, FL 33408

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 PD Michael Pietramala Delete
NAME
STREET ADDRESS 11231 US HWY 1 #168
CITY- ST- ZIP North Palm Beach, FL 33408

TITLE Change Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE Change Addition
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STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 807 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: Michael Pietramala Michael Pietramala

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE DAY/MONTH/YEAR