

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-16-2007 90069 005 ***150.00

DOCUMENT # P06000154603

1. Entity Name
NORTH SOUTH MARINE MANAGEMENT, INC.



Principal Place of Business
**1127 MERIDIAN AVENUE
SUITE 5
MIAMI BEACH, FL 33139**

Mailing Address
**1127 MERIDIAN AVENUE
SUITE 5
MIAMI BEACH, FL 33139**

4006241~



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

3. Mailing Address

PO Box 191584

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03092007

Chg-P

CR2E034 (12/06)

City & State

City & State

Miami Beach, FL

4. FEI Number

20-8065187

Applied For

Not Applicable

Zip

Country

Zip

Country

33119

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOODBIDGE, FREDERICK JR.
701 BRICKELL AVE
SUITE 1650
MIAMI, FL 33131**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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
**DPT
CHRISTENSEN, GUNNAR
1127 MERIDIAN AVE., #5
MIAMI BEACH, FL 33139**

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVPS
POSSCHELLE, ANNE
1127 MERIDIAN AVE., #5
MIAMI BEACH, FL 33139**

☐ Delete

TITLE
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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:

[Signature]

Anne Posschelle

4/12/07 305 3930420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Daytime Phone #