2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000079053

Title:

Name:

Address:

Entity Name: ASB MARITIME TARIFF CO.

FILED Apr 05, 2009 Secretary of State

| y | 7.00 10/7.1 | WITHVIE IT WITH OO. | | | | |
|---|---|--------------------------------|---|---|--------------------------|--|
| Current P | rincipal Place | e of Business: | New Princ | New Principal Place of Business: | | |
| | RAL CREEK C T CREEK, FL | | | 8626 NW 55TH PLACE CORAL SPRINGS, FL 33067 | | |
| Current M | lailing Addres | ss: | New Maili | New Mailing Address: | | |
| 3674 CORAL CREEK CIRCLE COCONUT CREEK, FL 33073 | | | | 8626 NW 55TH PLACE CORAL SPRINGS, FL 33067 | | |
| FEI Number | : 14-2004049 | FEI Number Applied For () | FEI Number Not App | icable () Certificat | e of Status Desired (X) | |
| Name and Address of Current Registered Agent: | | | Name and | Name and Address of New Registered Agent: | | |
| | 6, PIERRE . 55 PLACE PRINGS, FL 3 | 3067 US | | | | |
| | e named entity e of Florida. | submits this statement for th | ne purpose of changing i | ts registered office or re | gistered agent, or both, | |
| SIGNATU | RE: | | | | | |
| | Electro | nic Signature of Registered | Agent | | Date | |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | | | |
| OFFICERS AND DIRECTORS: | | | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: Title: | LARENAS, PÌE 8626 N.W. 55 CORAL SPRIN | PLACE | Title: Name: Address: City-St-Zip: Title: | P, S (X) Change (LARENAS, PIERRE M 8626 N.W. 55 PLACE CORAL SPRINGS, FL 330 () Change (| 067 | |
| Name: Address: City-St-Zip: | LARENAS, LIN 8626 N.W. 55 CORAL SPRIN | DA F PLACE | Name: Address: City-St-Zip: | (, =::::::::::::::::::::::::::::::::::: | , | |

City-St-Zip: CORAL SPRINGS, FL 33067 City-St-Zip:

(X) Delete

LARENAS, PIERRE III

8626 NW 55 PLACE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Title:

Name:

Address:

SIGNATURE: PIERRE LARENAS P, S 04/05/2009

() Change () Addition