

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000079053

FILED
Apr 05, 2009
Secretary of State

Entity Name: ASB MARITIME TARIFF CO.

Current Principal Place of Business:

3674 CORAL CREEK CIRCLE
COCONUT CREEK, FL 33073

New Principal Place of Business:

8626 NW 55TH PLACE
CORAL SPRINGS, FL 33067

Current Mailing Address:

3674 CORAL CREEK CIRCLE
COCONUT CREEK, FL 33073

New Mailing Address:

8626 NW 55TH PLACE
CORAL SPRINGS, FL 33067

FEI Number: 14-2004049

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LARENAS, PIERRE
8626 N.W. 55 PLACE
CORAL SPRINGS, FL 33067 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LARENAS, PIERRE M
Address: 8626 N.W. 55 PLACE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: VP,T () Delete
Name: LARENAS, LINDA F
Address: 8626 N.W. 55 PLACE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: S (X) Delete
Name: LARENAS, PIERRE III
Address: 8626 NW 55 PLACE
City-St-Zip: CORAL SPRINGS, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, S (X) Change () Addition
Name: LARENAS, PIERRE M
Address: 8626 N.W. 55 PLACE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: PIERRE LARENAS

P, S

04/05/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date