2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P07000094453 1. Entity Name								Secretary of State 05-14-2008 90016 036 ***150.00				
SWAN MA	ARINE SE	ERVICES, INC.		15 , 0					05-14-2008	90016 036	***150.00	J
Principal Place	e of Business	3	Mailing Ac	Mailing Address								
2545 E. SUN	RISE BLVD	ı	2545 E. !	2545 E. SUNRISE BLVD								
240 FT. LAUDERI	DALE EL S	2204	240	240 FT. LAUDERDALE FL 33304				İ		8 PHH 8 PHH 8 BHT HATT		
		3304 less - No P.O. Box #		3. Mailing Address								
		CETSE BLUD		1994 E SUNRESE BLUD								
Suite, Apt. # 240	#, etc.			Suite, Apt. #, etc.				19	t MOORE	CR2E034	4 (10/07)	
City & State		ue E.	1 '	City & State FT CAUDER DALE				4. FEI Numb		21		pplied For
FT LANDE ROALE FL Zip Country 33304 USA			Zip	Zip Countr			5. Certificate of Status Desired \$8.75 Additions			ot Applicable Iditional		
33304	6. Name and Address of Current			1 - , 1 -		541	7. Name and Address of Ne			Fee Required		
	6. Name	and Address of Curre	nt Registered A	gent		Name		7. Name and	d Address of Ne	w Registerea	Agent	
2545	SNIK, JO	HN W RISE BLVD		:			Street Address (P.O. Box Number is Not Acceptable)					
240 FT I	ALIDERD	ALE FL 33304			ļ.		-				 	
116	AUDLIN	MLE PE 33304					FL Zi				Zip Coo	de
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or coth, in the State of Florida. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE												
FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1 2008 Fee Will Be 5570.00 \$5.00 May Be												
		Florida Department							Hust rong v	JOHITIDURQII.	☐ Add	led to Fees
10.		OFFICERS AN	ID DIRECTORS		11.			ADDITIONS	/CHANGES TO C	OFFICERS AN	D DIRECTOR	RS IN 11
	P KRESNIK	IQUELERA		Dolete	TITLE		Ke	e ESNITA	C-TOHN		Change	Addition
	•	NRISE BLVD 240				ET ADDRESS	198	14E54	C-TOHN ALLISE B	cup 240	>	
		RDALE FL 33304		CITY			ETLAUDERDALE EL 33304					
TITLE				☐ Delete	TITLE						☐ Change	Addition
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CITY-ST-ZIP					CITY-	-ST-ZIP	l					
TITLE				☐ Delete	TITLE						☐ Change	Addition
NAME STREET ADDRESS		ε		•	NAME	E Et address						
CITY-ST-ZIP						- ST-ZIP						•
TITLE	<u>.</u>			☐ Delete	TITLE					 	☐ Change	Addition
NAME	=-				NAME							
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS - ST - ZIP						
	ertify that th	e information supplied s	with this filling de	nae net auglifu fe			containe	d in Section 11	O Florida Statute	on 1 furtion on	rtifu that the	information
12. I hereby certify that the information supplied with this filling 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 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.												
SIGNAT	SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE TYPED GRIPPINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE TYPED GRIPPINTED NAME OF SIGNING OFFICER OR DIRECTOR David Product #											

RINTED NAME OF SIGNING OFFICER OR DIRECTOR