

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90400 048 ***150.00

DOCUMENT # P95000001353

1. Entity Name

INTERNATIONAL MARINE DIESEL SPECIALIST, INC.



Principal Place of Business

1714 W. LAS OLAS BLVD.
FT. LAUDERDALE FL 33312

Mailing Address

1714 W. LAS OLAS BLVD.
FT. LAUDERDALE FL 33312

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0551278

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDERSDOTTER-EKBERG, ANNA
1714 W. LAS OLAS BLVD.
FT. LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name

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

4736 FOUR LAKES DRIVE

City

MELBOURNE

FL

Zip Code

32940

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

Anna Andersdotter-Ekberg
Signature, typed or printed name of registered agent and title if applicable.

ANNA ANDERSDOTTER-EKBERG

(NOTE: Registered Agent signature required when reinstating)

2-29-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

TITLE	P	<input type="checkbox"/> Delete
NAME	EKBERG, ULF	
STREET ADDRESS	1714 W. LAS OLAS BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	A-EKBERG, ANNA	
STREET ADDRESS	1714 W. LAS OLAS BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	VP	<input type="checkbox"/> Delete
NAME	EKBERG, LINDA	
STREET ADDRESS	1714 W. LAS OLAS BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	EKBERG, ALEXIS	
STREET ADDRESS	1714 W LAS OLAS BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	VM	<input type="checkbox"/> Delete
NAME	EKBERG-CAPOZZI, SOFIA R	
STREET ADDRESS	6101 SW 38 CT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33314	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4736 FOUR LAKES DR.	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

R. Sofia Ekberg-Capozzi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. SOFIA EKBERG-CAPOZZI (321) 253-0066

Date

Daytime Phone #