## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attacht

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Jan 27, 2006 08:00 AM Secretary of State **DOCUMENT # P95000047553** 1. Entity Name FOUR WINDS MARITIME GROUP, INC. Principal Place of Business Mailing Address 95 MERRICK WAY 95 MERRICK WAY 507 507 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 01092006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 11-3276840 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BERLIN, MARK A DO NOT WRITE 23433 ALZIRA CIR BOCA RATON, FL 33433 IN THIS SPACE 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 agnature required when reinstating) <del>400000405003</del> 02/07/06-80054-015 150.00 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE (\$ \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS me NAME CHESTER, ROBERT A STREET ADDRESS 95 MERRICK WAY STE 507 CXTY-ST-7/P CORAL GABLES, FL 33134 TITLE NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE une STREET ADDRESS CITY-ST-ZIP MLE MALIF STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

FILED

305-774-4500

Daysime Phone #