## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 04, 2008 08:00 AN Secretary of State **DOCUMENT # P95000074883** GLOBAL MARINE WELDING, INC. Principal Place of Business Mailing Address 8660 W FLAGLER ST, 200 8660 W FLAGLER ST, 200 MIAMI, FL 33144 MIAMI, FL 33144 No Chg-P CR2E034 (11/05) 01072008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0611969 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent LEITMAN, LORN DO NOT WRITE 8660 W FLAGLER ST, STE 200 MIAMI, FL 33144 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. 1 am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 04/15/08-80045-011 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE KENDALL, TIMOTHY A NAME 21451 SW 147TH STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33187 TITLE NAME LEITMAN, LORN 8660 W FLAGLER ST, STE 200 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33144 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

BIGNATURE BOD TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3,108

300-227-50

Daytime Phone #

**FILED**