2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000055588

City-St-Zip:

Entity Name: KAIWAHINE MARINE SERVICES, INC

FILED Apr 27, 2004 Secretary of State

Littly Nai	IIIC. KAIVVAI	TINE WARINE SERVICES, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
	THWEST 42 JDERDALE, I				
Current Mailing Address:			New Mailing Address:		
	THWEST 42 JDERDALE, I				
FEI Number	: 65-0678788	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()
Name and	l Address of	Current Registered Agent:	Name and	Address of	New Registered Agent:
4641 SW 4	AND, PATRIC 42ND TERR ERDALE, FL				
	named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered	office or registered agent, or both
SIGNATUI					
Election Car		onic Signature of Registered Ag	ent		Date
		.,	ADDITION	ISICHANCE	S TO OFFICERS AND DIRECTO
OFFICERS AND DIRECTORS:			ADDITION	13/CHANGE	S TO OFFICERS AND DIRECTO
Title:	,) Delete	Title:		() Change () Addition
Name:	HILDEBRAND		Name:		
Address: City-St-Zip:		WEST 42 TERRACE RDALE, FL 33314	Address: City-St-Zip:		
Title:	() Delete	Title:	VP (() Change (X) Addition
Name:	`	,	Name:	TUCKER, JAI	
Address:			Address:	4641 SW 42	
City-St-Zip:			City-St-Zip:	FT. LAUDERI	DALE, FL 33314 US
Title:	() Delete	Title:	TREA	() Change (X) Addition
Name:			Name:	LAYTON, GR	EG
Address:			Address:	4641 SW 42	TERRACE
City-St-Zip:			City-St-Zip:	FT. LAUDERI	DALE, FL 33314 US
Title:	() Delete	Title:		() Change (X) Addition
Name:			Name:	VILLANUEVA	
Address:			Address:	4641 SW 42	TERRACE

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip: FT. LAUDERDALE, FL 33314 US

SIGNATURE: PATRICIA A HILDEBRAND PTD 04/27/2004