## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 29, 2004 08:00 AM **DOCUMENT # P97000092634 Secretary of State** TJ MARINE SERVICES, INC. Principal Place of Business Mailing Address 3201 STATE ROAD 84 3201 STATE ROAD 84 FORT LAUDERDALE, FL 33312 FORT LAUDERDALE, FL 33312 CR2E034 (10/03) 01232004 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0791494 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MALOSSI, THOMAS DO NOT WRITE **3201 STATE ROAD 84** FORT LAUDERDALE, FL 33312 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 little if applicable. (NOTE. Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MALOSSI, THOMAS NAME STREET ADDRESS **3201 STATE ROAD 84** CITY-ST-ZIP FORT LAUDERDALE, FL 33312 000000020263 01/29/04-80059-014 150.00 MAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 applicas, with all other like empowered.

SIGNATURE:

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

Daytime Phone I