## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 25, 2004 8:00 am Secretary of State DOCUMENT # P98000034651 1. Entity Name 02-25-2004 90040 025 \*\*\*150.00 SEA JM CORP. Principal Place of Business Mailing Address % AYLANTIC YACHT & SHOP 850 NORTHEAST 3RD STREET SUITE 213 % ATLANTIC YACHT & SHOP 850 NORTHEAST 3RD STREET SUITE 213 DANIA FL 33004 **DANIA FL 33004** 3. Mailing Address 2. Principal Place of Business act 4 Ship Suite, Apt. #, etc Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State 4. FE! Number City & State JANIA BEACH 65-0828816 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **AMERILAWYER** Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 City Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. **PSTD** TIT) F ☐ Change ☐ Addition TITLE ☐ Delete MARINO, JOSEPH M NAME NAME STREET ADDRESS 850 NORTHEAST 3RD STREET SUITE 21@ STREET ADDRESS CITY-ST-ZIP **DANIA FL 33004** CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ■ Addition TITLE NAME MAME ---STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED