2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P98000037757 1. Entity Name RNR MARINE ENTERPRISES, INC.								Secretary of State	
Principal Place of Business 809 SW 9 STREET				Mailing Address 809 SW 9 STREET					
FT LAUDER	DALE FL 3	3315		AUDERDALE FL 3	33315				
2. Principal Place of Business				3. Mailing Address			7		
Suite, Apt. #, etc.				Suite, Apt #, etc.				MOORE CR2E034 (11/03)	
City & State				City & State			4.	FEI Number 65-0833515 Applied For Not Applicable	
Zip		Country	Zip		Coun	try		Certificate of Status Desired \$8.75 Additional Fee Required	
Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name			
809	SW 9 S	AYMOND TREET DALE FL 33315	i			Street Address (P.O. Box Number is Not Acceptable)			
						City		FL 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 Fjorida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE Signature typod or primed name of registered agont and title displicable (NOTE Registered Agent signature required when reinstance) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State								9. Election Campalgn Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10. OFFICERS AND I				···			AC	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE. HAME	PO Delete WELDON, RAYMOND				THTLE NAME	1		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP	}	TH STREET IDERDALE FL 333:	15			ET ADORESS -SJ-28P		U00000087786 03/15/04-80023-024 158.75	
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STREET ADDRESS CITY-ST-ZIP					STRE	ET ADDRESS -ST-ZIP			
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STREET ADDRESS CHY-ST-ZIP					STAE	ET ADORESS -SY-ZSP			
tisle Name				☐ Delete	TITLE	{		Change Addition	
STREET ADDRESS City-ST-ZIP						ET ADDRESS -ST-ZIP			
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STREET ADDRESS CITY+\$T-ZIP					STRE	ET ADDRESS -SI-ZIP			
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NAME STREET ADDRESS					NAM! STRE	E ET ADDRESS			
CITY-ST-ZIP	pertifu that st	a intermation come	of with thus Ales-	dage not availed to		-ST-ZIP	Cash	110 07/2V/II Florido Stobitos 14 attantos antigos III	
12. Thereby 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 employered 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 3.8.4.954-522-956.3									
SIGNATURE: 9 (Welder) 3.8.4 954-522.9563									

3.8.4 954-522-9563 Date Dayona France