


2006 FOR PROFIT CORPORATION ANNUAL REPORT

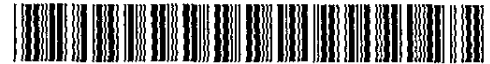
FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000042825
 1. Entity Name
 AMERICAN OFFSHORE MARINE, INC.



Principal Place of Business Mailing Address
 1451 OLD GRIFFIN ROAD 1451 OLD GRIFFIN ROAD
 DANIA BEACH, FL 33004 US DANIA BEACH, FL 33004 US

DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 65-0840358 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GIROUX, RICHARD
 1451 OLD GRIFFIN ROAD
 DANIA BEACH, FL 33004

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	O/D
NAME	GIROUX, RICHARD
STREET ADDRESS	1451 OLD GRIFFIN ROAD
CITY - ST - ZIP	DANIA BEACH, FL 33004
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000495913
 04/21/06-80030-001 150.00

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12. I hereby certify that the information supplied with this filing 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: _____ Date _____ Daytime Phone # _____