2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P98000048265 1. Entity Name NAUTICAL LOGISTICS, INC.				Feb 11, 2004 08:00 AM Secretary of State
Principal Place of Business Mailing Address				
2206 ROOS		2206 ROOSEVELT ST	•	
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020			20	
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2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)
City & State		City & State		4. FEI Number 65-0839219 Applied For Not Applicable
Zip	Country	Zip	Country	\$9.75 Additional
				Fee Required
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent
חרכ	NZKIANI ALANI		Name	
BECKMAN, ALAN 2206 ROOSEVELT STREET HOLLYWOOD FL 33020			Street Addr	ess (P.O. Box Number is Not Acceptable)
			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. (am familiar with, and accept the obligations of registered agent. SIGNATURE				
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 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	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	BECKMAN, ALAN 2206 ROOSEVELT STREET		NAME STREET ADDRESS	
CRY-ST-ZIP	HOLLYWOOD FL 33020		CITY-SI-ZIP	
TITLE		□ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	U00000145532
NAME STREET ADDRESS			NAME STREET ADDRESS	02/11/04-30001-002 130.00
CITY-ST-7IP			CITY-ST-ZIP	
TITLE		Delete	TITLE	☐ Change ☐ Addition
NAME		<u></u> 0000	NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		Delete	TITLE	☐ Change ☐ Addition
NAME		□ Delete	NAME	ריי סיישיאלי ריי אינטיניטוי
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
12. Thereby	certify that the information supplied will	th this filing does not qualify for	the exemption stated	in Section 1 (9.07(3)(i), Florida Statutes, I further certify that the information

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED