FOR PROFIT CORPORATION ...
UNIFORM BUSINESS REPORT (UBR)

UNIF	OKW BOZINI	ESS REPO	ORT (UBI	र)	FILL)
DOCUMENT # P98000070889					05 MAR 16 PM 2:17	
1. Entity Name			-		05 MAR 16	M 5: 11
·					05	t ATE
DOAL MADING CON	CCE INC				SECRETARY O	CLODIDA
BRAL MARINE SERVICE INC					SECRETART V TALLAHASSEE	, FLORIUA
DO 1	OT 14/01T			^F	I ACE, and	
א טע	IOT WRIT	FINIH	IIS SPA	CE	,	
	<u> </u>					APT DU-O.
2. Principal Place of Business 7766 NW 46 ST		3. Mailing Address SAME			reinstateive	BRT () V(-U.
Suite, Apt. #, etc.		Suite, Apt. #, etc.			JEHAOTA LEIME	LIE EDACE
σωιο, Αφι. π, σισ.	Cuito, Apr. III, Gui.			bonor whate mer	THO OF ACE	
City & State		City & State			4. FEI Number	Applied For
MIAMI, FL		SAME			65-0856802	Not Applicable
Zip	Country	Zip		ountry	5. Certificate of Status Desired	\$8.75 Additional
33166	JUSA	SAME	JUSA			Fee Required
				7. Nar	ne and Address of Current Rep	sistered Agent
<u></u>				Name ALVARO CRUZ		
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)		
IN THIS SPACE				7766 NW 46 ST		
1	IA TUIS SI	PACE				
				City		Zin Codo
				MIAMI	FI	Zip Code 33166
8. The above named	entity submits this	statement for th	e purpose of c	hanging its regi	stered office or registered agent,	or both, in the
State of Florida. I	am familiar with, and	d accept the ob	ligations of reg	istered agent.		-
SIGNATURE			v ·			
	ure, typed or printed name		and title if applicabl	e. (NOTE: Regis	tered Agent signature required when reinst	ating) DATE
	- May 1 Fee is \$150					
After May 1, Fee is \$550.00 Amended UBR is \$61,25					9. Election Campaign Financing	\$5.00 May Be
Make Check Payabl				,	Trust Fund Contribution.	Added to Fees
10.	OFFICERS	AND DIRECTO	RS 11.			
TITLE	P. ADO ODUZ			TLE		
NAME STREET ADDRESS	ALVARO CRUZ 7766 NW 46 ST			AME	CC IACCORODOLL	1
CITY-ST-ZIP	MIAMI FL 33166			TREET ADDRES: ITY-ST-ZIP	s U00000224133 02/10/05-80072-0	NG 150.00
TITLE				TLE		
NAME				AME		
STREET ADDRESS CITY-ST-ZIP				TREET ADDRES	s 6000490779 .03/24/0501006006	∍ b b **150.00
TITLE				TY-ST-ZIP TLE	03/24/0301000000	**!DO! CO
NAME			1	AME	1	
STREET ADDRESS			S	TREET ADDRESS	S DO NOT	MOITE
CITY-ST-ZIP	 			TY-ST-ZIP	DO_NOT_	AALCI-E
NAME				TLE AND	IN THIS S	PACE
STREET ADDRESS				AME FREET ADDRES:		// AOL
CITY-ST-ZIP				TY-ST-ZIP	~	
TITLE			TI	TLE		
NAME STREET ADDRESS				AME	_	
CITY-ST-ZIP				TREET ADDRES:	S	
TITLE				TLE		
NAME				AME		
STREET ADDRESS				TREET ADDRESS	s	
12. I hereby certify that	the information expella	od with this dine -	Ci	TY-ST-ZIP		
certify that the Infon	mation Indicated on this	su wius this tiling o s report or sunnia	ioes not qualify h mental report in t	or the exemption :	stated in Section 119.07(3)(i), Florida and that my signature shall have the	Statutes. I further
as it made under oa	iin; inat i am an onicer	or director at the	corporation or the	e receiver or trust	as empowered to evacute this recor	t an engellmed by
Chapter 607, Florida	a Statutes; and that my	name appears ir	Block 10 or on	an attachment wit	h an address, with all other like emp	owered.
/	11					
SIGNATURE:	1 Che	Δ1 \/A	DO 00117		0/4 1000	***
SIGN	ATURE AND TYPED C	OR PRINTED NAI	RQ CRUZ ME OF SIGNING	OFFICER OR D	2/1/2005 RECTOR Date	305-717-3211
	,				NECTOR DRIE	LEAVIIME Phone #