2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 08:00 A
Secretary of State

DOCUMENT # P98000089826 1. Entity Name MARITIME REPLICAS AMERICA, INC.				Secretary of S		
Principal Place 15531 SW 70 MIAMI, FL 33	OTH TERRACE	Mailing Address 15531 SW 70 TERR MIAMI, FL 33193				
	<u></u>					
D	O NOT WRITE I	N THIS SPA	CE	01112007 4. FEI Numbe	No Chg-P	CR2E034 (11/05)
<u> </u>				65-0869		Not Applicable \$8.75 Additional Fee Regulred
<u> </u>	6. Name and Address of Current Reg	sistered Agent	T .	1		rea required
SAMUT, WARREN 15531 SW 70TH TERRACE MIAMI, FL 33193					NOT WI	
•			, 911	- B		so s
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						
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, 2007 Fee will be \$550.00 9. Election Campaign Fin Trust Fund Contributio			incing \$5	i.00 May Be ded to Fees		
10.	OFFICERS AND DIR	ECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SAMUT, WARREN 15531 SW 70TH TERRACE MIAMI, FL 33193		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		ender gestekter George
TITLE NAME STREET ADDRESS CITY-ST-ZIP					.090000 -03/09/07	0651604 -80014-007 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE
TITLE NAME STREET ADDRESS				IN 7	THIS SP	ACE
CITY-ST-ZIP				المعالية والمراد		*

12. J 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 methat 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 distance of 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 (305) 386,1958