


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000101902 1. Entity Name MARITIME CONSULTING, INC.	
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Principal Place of Business 14750 S.W. 95TH AVENUE MIAMI, FL 33176 US	Mailing Address 14750 S.W. 95TH AVENUE MIAMI, FL 33176 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CASTELINO, MARTIN P 14750 S.W. 95TH AVENUE MIAMI, FL 33176	DO NOT WRITE IN THIS SPACE
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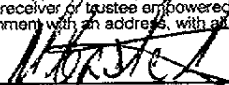
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000035279 02/06/04-80011-020 150.00
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10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASTELINO, MARTIN P 14750 S.W. 95TH AVENUE MIAMI, FL 33176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASTELINO, BRENDA 14750 SW 95 AVE MIAMI, FL 33176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

12. I hereby 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 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:  **MARTIN CASTELINO** **02.03.04.(305)253 5616**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #