


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # P98000101902</b> 1. Entity Name <b>MARITIME CONSULTING, INC.</b>	
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Principal Place of Business <b>14750 S.W. 95TH AVENUE MIAMI, FL 33176 US</b>	Mailing Address <b>14750 S.W. 95TH AVENUE MIAMI, FL 33176 US</b>
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03122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0884167</b>	Applied For <b>Not Applicable</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CASTELINO, MARTIN P 14750 S.W. 95TH AVENUE MIAMI, FL 33176</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 reconstituting) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent, and title if applicable

**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 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
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U00000495842  
04/21/06-80017-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 supplementary 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 changed, or on an attachment, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **04.05.06** Daytime Phone #