


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P99000000339 |  |
| 1. Entity Name MARINE CONSTRUCTION INTERNATIONAL, INC. | |

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| Principal Place of Business 775 TAYLOR LANE DANIA BEACH, FL 33004 US | Mailing Address 775 TAYLOR LANE DANIA BEACH, FL 33004 US |
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DO NOT WRITE IN THIS SPACE

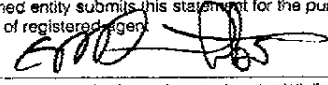


01122004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-0884496 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent DEREKTOR, PAUL E 775 TAYLOR LANE DANIA BEACH, FL 33004 |
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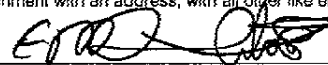
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | |
| SIGNATURE  | (NOTE: Registered Agent signature required when reinstating) | DATE |

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| 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 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DPS DEREKTOR, PAUL 775 TAYLOR LANE DANIA BEACH, FL 33004 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DV DEREKTOR, TOM 775 TAYLOR LANE DANIA BEACH, FL 33004 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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01/21/04-80022-012 150.00

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| 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:  | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR |
| Date | Daytime Phone # |