

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90032 048 ***150.00

DOCUMENT # P99000014787					
1. Entity Name ANCHOR TOWING & MARINE TRANSPORT OF BROWARD, INC.					
Principal Place of Business 2467 PEMBROKE ROAD HOLLYWOOD, FL 33020			Mailing Address 2467 PEMBROKE ROAD HOLLYWOOD, FL 33020		
2. Principal Place of Business - No P.O. Box # 911 NW 209 Avenue		3. Mailing Address 911 NW 209 Avenue			
Suite, Apt. #, etc. Unit 104		Suite, Apt. #, etc. Unit 104			
City & State Pembroke Pines Fl.		City & State Pembroke Pines Fl.			
Zip 33029		Country		Zip 33029	
Country		4. FEI Number 65-0905798			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DANIEL, LOURDES Z 2467 PEMBROKE ROAD HOLLYWOOD, FL 33020			7. Name and Address of New Registered Agent Name: <u>Remains the same.</u> Street Address (P.O. Box Number is Not Acceptable): 911 NW 209 Ave Unit 104 City: <u>Pembroke Pines</u> <u>FL</u> Zip Code: <u>33029</u>		
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:				DATE: <u>3/7/08</u>	
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS DANIEL, LOURDES Z 2467 PEMBROKE ROAD HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAVITS, MONICA 2467 PEMBROKE ROAD HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 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:				DATE: <u>3/7/08</u>	
Signature typed or printed name of signing officer or director				Daytime Phone #	

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