

# 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000083004

Entity Name: CONSENSILUM MARINE U.S., INC.

FILED  
Mar 06, 2009  
Secretary of State

## Current Principal Place of Business:

4370 OAKES ROAD  
SUITE 721  
DAVIE, FL 33314 US

## New Principal Place of Business:

4370 OAKES ROAD  
SUITE 721  
DAVIE, FL 33314 US

## Current Mailing Address:

## New Mailing Address:

4370 OAKES ROAD  
SUITE 721  
DAVIE, FL 33314 US

FEI Number: 65-0950843      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLORIDA INCORPORATORS, INC.  
1221 BRICKELL AVENUE, SUITE 900  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P (X) Delete  
Name: OLANDER, PATRICK  
Address: 4370 OAKES ROAD STE 721  
City-St-Zip: FORT LAUDERDALE, FL 33314

Title: D ( ) Delete  
Name: FLEISCHMANN, ERNA  
Address: 4370 OAKES ROAD SUITE 721  
City-St-Zip: FORT LAUDERDALE, FL 33314

Title: S ( ) Delete  
Name: REPPING, HANS  
Address: 4370 OAKES ROAD SUITE 721  
City-St-Zip: FORT LAUDERDALE, FL 33314

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERNA FLEISCHMANN

D

03/06/2009

Electronic Signature of Signing Officer or Director

Date