## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2008 08:00 Al Secretary of State

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1. Entity Name

MARITIME HOLDINGS, INC.



Principal Place of Business

13846 ATLANTIC BLVD JACSONVILLE, FL 32225 Mailing Address

3032 SW PORPOISE CIRCLE STUART, FL 34997



DO NOT WRITE IN THIS SPACE

04092008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 65-0967075 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Davisme Phone #

6. Name and Address of Current Registered Agent

PEREZ, JORGE 3032 SW PORPOISE CIRCLE STUART, FL 34997

SIGNATURE:

## 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  |   |  |              |                                |   |  |  |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2008 Fee will be \$550.00  |   | Election Campaign Financ<br>Trust Fund Contribution. | ing          | \$5.00 May Be<br>Added to Fees | U00000897743<br>04/25/08-80059-009 150.00 |  |  |  |
| 10.  | OFFICERS AND DIRECTORS  |  |              |                                |   |  |  |  |
| TITLE NAME STREET AODRESS CITY-ST-ZIP  | PD<br>MOYNIHAN, STEPHEN<br>19686 LOXAHATCHEE RIVER ROAD<br>JUPITER, FL 33458    |  |              |                                |   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PTD<br>AUSTIN, WILLIS V III<br>1760 SE 10TH STREET<br>FORT LAUDERDALE, FL 33316 |  |              |                                |   |  |  |  |
| TITLE S NAME PEREZ, JORGE S STREET ADDRESS CITY-ST-ZIP STUART, FL 34997  |   |  | DO NOT WRITE |                                |   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SSS   |  |              | IN THIS SPACE                  |   |  |  |  |
| TITLE NAME STREET ADDRESS CITY-S1-ZIP  |   |  |              |                                |   |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  |              |                                |   |  |  |  |
| 12. I nereby 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 given like empowered. |   |  |              |                                |   |  |  |  |