**2004 FOR PROFIT CORPORATION** 

ANNUAL REPURT (AR)					FILED
DOCUMENT # S51305* · · ·				Feb 04, 2004 08:00 AM Secretary of State	
SHORELINE MARINE FUEL DELIVERY, INC.					Secretary of State
Principal Place of Business		Mailing Address	Mailing Address		
11550 NW 36 AVE		PO BOX 563097	<u> </u>		
MIAMI FL 33167		MIAMI FL 33256	MIAMI FL 33256		
US		US .			
2. Principal Place of Business		3. Mailing Address	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt #, etc.			MOORE CR2E034 (11/03)
City & State		City & State			4. FEI Number 65-0261687 Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Cur	rrent Registered Agent	Registered Agent		7. Name and Address of New Registered Agent
Name				ame	
JOHNSTON, STEVE 12640 SW 69 COURT MIAMI FL 33156			St	reet Address (	P.O. Box Number is Not Acceptable)
IVIIA	WI FL 33 130				
			Ci		FL Zip Code
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.					
St. St. A. St. A					
SIGNATURE Signature, typed or printed name of reparties agont and title if applicable (NOTE Registered Agent signature required when relocatating)  DATE					
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Make Check Payable to Florida Department of State  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees					
10.		AND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME JOHNSTON, STEVE			NAME		
STREET ADDRESS 12640 SW 69 CT CITY-ST-ZIP MIAM! FL			STREET ADD	<b>I</b>	
TITLE			TITLE	ur	☐ Change ☐ Addition
NAME			NAME		El cualde El violant
STREET ADDRESS			STREET ADD	DRESS	
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS CITY-ST-ZIP	(		STREET ADD		
TITLE	**************************************	☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		_ · <del>_</del>
STREET ADDRESS CITY - ST - ZIP			STREET ADD	ŀ	
L	partifu that the information supplies	d with this filing does not existing	CITY-ST-Z		otion 110 07/2V/\ Florido Statutos   fundamentalis de la la
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 DIVIDED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Date  Date  Date  Divided Phone of					
!	SIGNATURE AND TAPE	DOWN THINKED NAME OF SIGNING OFFICER	H OH DIHECTOR		Date Daytime Phone #