


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 10, 2004 08:00 AM
Secretary of State

DOCUMENT # S82881 1. Entity Name MARITECH MARINE SERVICE, INC.	
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Principal Place of Business 200 LESLIE DRIVE SUITE 1114 HALLANDALE, FL 33009	Mailing Address 200 LESLIE DRIVE SUITE 1114 HALLANDALE, FL 33009
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DO NOT WRITE IN THIS SPACE



09082004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0293692	Applied For Not Applicable
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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 BERNSTEIN, MARK 5001 SOUTH UNIVERSITY DRIVE SUITE K DAVIE, FL 33828

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROSEN, LENNART 200 LESLIE DRIVE HALLANDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ROSEN, EVA 200 LESLIE DRIVE HALLANDALE, FL
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Lennart Rosen **LENNART ROSEN** 9/8/04 954-454-7990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #