**FILED** Jan 10, 2008 08:00 AM Secretary of State

Applied For

Not Applicable

2008 FOR PROFIT CORPORATION ANNUAL REPORT				
DOCUMENT # S9534  1. Entity Name ATLANTIC MARINE SERVICE				
Principal Place of Business	Mailing Address			
6332 NW 97 AVE DORAL, FL 33178 US	6332 NW 97 AVE Doral, Fl 33178	US		



## DO NOT WRITE IN THIS SPACE

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01082008	No Chg-P	CR2E034 (11/05)

	-	5. Certificate of Status Desired	Ø	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					
ERNESTO R	DO NOT WRITE				

**BOTIFOLL, ERNESTO R** 6332 NW 97 AVE DORAL, FL 33178

## IN THIS SPACE

4. FEI Number 65-0296176

SIGNATURE SIGNATURE					
5000	Signature, typed or printed name of registered agent and title	if applicable. (NOTE, Registered	l Agent signature	required when reinstating)	DATE
	E NOWIII FEE 18 \$150.00 ay 1, 2008 Fee will be \$850.00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRE	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BOTIFOLL, ERNESTO R 6332 NW 97 AVE DORAL, FL 33178				000000778355 01/10/08-80045-008 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD PIMBERT, FABRICE 10035 NW 44 TERRACE #303 DORAL, FL 33178				U1/1U/U8-8UU45-UU8 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				- ·	<u> </u>
12. I hereby of indicated of the corchanged.	certify that the information supplied with this f on this report or supplemental report is true reporation or the receiver or Yustee empowere , or on an attachment with an address, with all	ling does not qualify for the exe and accurate and that my signat d to execute this report as requir I other like empowered.	emptions cor ure shall haved by Chap	ntained in Chapter 11: ve the same legal effe ter 607, Florida Statut	<ol> <li>Florida Statutes. I further certify that the information at as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if</li> </ol>

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