


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91228 021 \*\*\*150.00

<b>DOCUMENT # V73158</b> 1. Entity Name <b>SUPREME MARINE &amp; EXPORT INC.</b>					
Principal Place of Business 5150 S.W. 21ST COURT FT. LAUDERDALE, FL 33317			Mailing Address 5150 S.W. 21ST COURT FT. LAUDERDALE, FL 33317		
2. Principal Place of Business <b>3100 St Rd 84</b> Suite, Apt. #, etc. <b>Suite 306</b>		3. Mailing Address Suite, Apt. #, etc.  City & State <b>Fr Lauderdale FL</b>			
City & State <b>Fr Lauderdale FL</b>		City & State  		4. FEI Number <b>65-0396611</b>	
Zip <b>33312</b>		Country  		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FERNANDEZ, ELENA</b> <b>5150 S.W. 21ST COURT</b> <b>FT. LAUDERDALE, FL 33317</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>FERNANDEZ, ANTONIO</b> <b>5150 S.W. 21ST COURT</b> <b>FT. LAUDERDALE, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>FERNANDEZ, ELENA</b> <b>5150 S.W. 21ST COURT</b> <b>FT. LAUDERDALE, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date: <b>4-28-04</b>		Daytime Phone #: <b>954-792-3431</b>