


2005 FOR PROFIT-CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005 08:00 AM
Secretary of State

DOCUMENT # 176396 1. Entity Name MARINE EXHIBITION CORPORATION	
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Principal Place of Business 3195 PONCE DE LEON BLVD C/O MICHAEL S BROWN CORAL GABLES, FL 33134	Mailing Address 3195 PONCE DE LEON BLVD C/O MICHAEL S BROWN CORAL GABLES, FL 33134
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03092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0713782	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MICHAEL S. BROWN 3195 PONCE DE LEON BLVD CORAL GABLES, FL 33134	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCC HERTZ, ARTHUR H. 3195 PONCE DE LEON BLVD CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSCD BROWN, MICHAEL S. 3195 PONCE DE LEON BLVD CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DF MOODY, SHERRYL K 3195 PONCE DE LEON BLVD CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC TOLEDO, ANA M 3195 PONCE DE LEON BLVD CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/05/05-80018-018 150.00

DO NOT WRITE 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)(f), 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 of 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: Michael S. Brown *Michael S. Brown* *Pres* 3/16/05 305-529-1414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #