2006 NOT-FOR-PROFIT CORPORATION

FILED Jun 21, 2006 8:00 am Secretary of State

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| DOCUI 1. Entity Name MARINA I | ė | #729992 R, INC. | | | | | | | 0 | 5-22-20 | 06 900 | 041 027 | **** | 61.25 |
| Principal Place of Business 1500-1510 SE 15TH STREET FORT LAUDERDALE, FL 33316 | | | C/O U 2771 | Mailing Address C/O USA SERVICES 2771 TREASURE COVE CR FT LAUDERDALE, FL 33312 US | | | | | <u> </u> | 1688 :9 08 : 90 | - na é(8) | 3201; | a) 816 Bi Bi | WAI II (FI). |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | 0420200 |)6 CI | ng-NP | CR | 2E037 (11 | /05) | |
| City & State | | | City & State | | | 4. FEI Number 59-1593 | | | | 4 | | | | oplied For ot Applicable |
| Zip Country | | | Zip | | Cou | iuga | | 5. Certific | ate of St | atus Desire | d [| | 5 Add | |
| | 6. Name | and Address of Current | Registere | d Agent | | | | 7. Name | and Add | ress of Ne | w Regist | ered Agent | | |
| SHAPIRO, PAUL J | | | | | Name | | | | | | | | | |
| 2771 TREA | | OVE CIRCLE FL 33312 | | | | Street A | vddress (| P.O. Box Nu | mber is t | Not Accept | able) | | | |
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| | | | | | | City | | | | | | <u>FL</u> | p Code | |
| | named entit | ly submits this statement to | of the purpo | ose of changing its r | egister | ed office | register | ed agent, or | bolh, in | the State o | f Florida. | i am familia | e with, | and accept |
| i ine congar | | / de la companie | | | | // | / | /// | | _ | | . / | ' | 1-1 |
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| SIGNATURE. | Signature, typed | or printed name of registered agent | and title if supp | ICACO. (NOTE: | Pagina | d Agent signer | W () | when remetaling | Logi | | (| 0 / 1. | 5_/ | ~ |
| SIGNATURE. | Filling Fe | ne is \$81.25 | and take if app | 9. Election Camp | paign F | inancing | - //- | \$5.00 M | Bry Be | | | Check pays | | |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 trusted empowered to execute this report as required by Chapter 617, 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:

SIGNATURE AND THE OR DEVICES OR DIRECTOR

Devices Proof 8