


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # F10883 1. Entity Name MARINE DIESEL, INC.	
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Principal Place of Business 3198 NW SOUTH RIVER DR C/O JORDAN MONOCANDILOS MIAMI, FL 33142 US	Mailing Address 3163 N.W. SOUTH RIVER DRIVE C/O JORDAN MONOCANDILOS MIAMI, FL 33142
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04082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2044536	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 MONOCANDILOS, JORDAN 3163 N.S. SOUTH RIVER DRIVE MIAMI, FL 33142
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**DO NOT WRITE
IN THIS SPACE**

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

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	PD MONOCANDILOS, JORDAN 3201 NW 24TH ST RD MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MONOCANDILOS, THEODORA 3201 NW 24TH ST RD MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DIAZ, LILIA A. 3201 NW 24TH ST RD MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ISERN, JORGE E. 3201 NW 24TH ST RD MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MONOCANDIDOS, NICOLAS 3201 NW 24TH ST RD MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

UN00000341781
04/29/05-80030-002 158.75

**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)(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 _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR