

DOCUMENT # P04000098440

Entity Name

MARINA BLUE 4007 CORPORATION



**FILED**  
**May 18, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90351 047 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                         |                                                                                                                  |                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Principal Place of Business<br>901 PONCE DE LEON BLVD SUITE 603<br>CORAL GABLES, FL 33134                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                         | Mailing Address<br>901 PONCE DE LEON BLVD SUITE 603<br>CORAL GABLES, FL 33134                                    |                                                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                         | 3. Mailing Address                                                                                               |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                         | Suite, Apt. #, etc.                                                                                              |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                         | City & State                                                                                                     |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                                 | Zip                                                                                                              | Country                                                           |
| 4. Filing Fee<br><b>APPLIED FOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                         | Applied Fee<br>Not Applicable                                                                                    |                                                                   |
| 5. Certifying of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                         | \$8.75 Additional Fee Required                                                                                   |                                                                   |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                         | 7. Name and Address of New Registered Agent                                                                      |                                                                   |
| ALBORNOZ, WILLIAM H<br>901 PONCE DE LEON BLVD SUITE 603<br>CORAL GABLES, FL 33134                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                         | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code                                |                                                                   |
| 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 _____ DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                         |                                                                                                                  |                                                                   |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                         | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added To Filing |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 11)                                                          |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete<br>D<br>ANDREOLI, DONATO<br>901 PONCE DE LEON BLVD SUITE 603<br>CORAL GABLES, FL 33134  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete<br>D<br>ANDREOLI, ADRIANO<br>901 PONCE DE LEON BLVD SUITE 603<br>CORAL GABLES, FL 33134 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied on this filing is true and correct as the information stated in Section 119.02(5)(b) Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and correct 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 and that the information reported is required by Chapter 635, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address change or other supplemental information. |                                                                                                                         |                                                                                                                  |                                                                   |
| SIGNATURE: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                         | 13 APR 05 444-1791                                                                                               |                                                                   |