


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000099568  
 1. Entity Name  
 MARINA AUTO CARE CENTER, INC.



Principal Place of Business      Mailing Address  
 943 CLINT MOORE ROAD      943 CLINT MOORE ROAD  
 BOCA RATON, FL 33487      BOCA RATON, FL 33487

**DO NOT WRITE IN THIS SPACE**



01072005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 65-0792131      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 HEISE, MARTIN  
 943 CLINT MOORE ROAD  
 BOCA RATON, FL 33487

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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 \_\_\_\_\_ 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        \$5.00 May Be Added to Fees  
 Trust Fund Contribution.

U00000251017  
 03/04/05-80036-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HEISE, MARTIN
STREET ADDRESS	943 CLINT MOORE ROAD
CITY - ST - ZIP	BOCA RATON, FL 33487
TITLE	D
NAME	BERSON, GERALD
STREET ADDRESS	943 CLINT MOORE ROAD
CITY - ST - ZIP	BOCA RATON, FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Martin Heise      Date: 2-24-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #