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05-02-2005 90454 048 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000031805

1. Entity Name
MARSH HARBOR INTERNATIONAL CORP.

Principal Place of Business	Mailing Address
888 BRICKELL AVENUE FIFTH FLOOR MIAMI, FL 33131 US	888 BRICKELL AVENUE FIFTH FLOOR MIAMI, FL 33131 US

40071353

01132006 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0494886
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SAEZ, PEDRO P
SAEZ & ASSOCIATES
888 BRICKELL AVENUE, FIFTH FLOOR
MIAMI, FL 33131

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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 required when reinstating

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	DE KAFIE, LILIANA C
STREET ADDRESS	888 BRICKELL AVE. 5TH FLOOR
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	DE CANAHUATI, BLANCA
STREET ADDRESS	888 BRICKELL AVE. 5TH FLOOR
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	S
NAME	DE LARACH, MARTA C
STREET ADDRESS	888 BRICKELL AVE. 5TH FLOOR
CITY-ST-ZIP	MIAMI, FL 33131
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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11. 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: Liliana C. de Kafie APRIL 21/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #