

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90040 021 ***150.00

DOCUMENT # 176396

1. Entity Name
MARINE EXHIBITION CORPORATION



Principal Place of Business
**3195 PONCE DE LEON BLVD
C/O MICHAEL S BROWN
CORAL GABLES, FL 33134**

Mailing Address
**3195 PONCE DE LEON BLVD
C/O MICHAEL S BROWN
CORAL GABLES, FL 33134**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03292007

Chg-P

CR2E034 (12/06)

4. FEI Number
59-0713782

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MICHAEL S. BROWN
3195 PONCE DE LEON BLVD
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	FURFARO, JOSEPH V	
STREET ADDRESS	3195 PONCE DE LEON BLVD	
CITY - ST - ZIP	MIAMI, FL 33134	
TITLE	PSCD	<input type="checkbox"/> Delete
NAME	BROWN, MICHAEL S.	
STREET ADDRESS	3195 PONCE DE LEON BLVD	
CITY - ST - ZIP	CORAL GABLES, FL	
TITLE	VAST	<input type="checkbox"/> Delete
NAME	MOODY, SHERRY L K	
STREET ADDRESS	3195 PONCE DE LEON BLVD	
CITY - ST - ZIP	CORAL GABLES, FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	TOLEDO, ANA M	
STREET ADDRESS	3195 PONCE DE LEON BLVD	
CITY - ST - ZIP	CORAL GABLES, FL 33134	
TITLE	VGM	<input type="checkbox"/> Delete
NAME	HERTZ, ANDREW P	
STREET ADDRESS	3195 PONCE DE LEON BLVD	
CITY - ST - ZIP	CORAL GABLES, FL 33134	
TITLE	V	<input type="checkbox"/> Delete
NAME	EIMSTAD, ERIC	
STREET ADDRESS	3195 PONCE DE LEON BLVD	
CITY - ST - ZIP	CORAL GABLES, FL 33134	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-07

Date

305-529-1414

Daytime Phone #

MICHAEL S. BROWN