

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 263744**  
 1. Entity Name  
**SNAPPER CREEK MARINA, INC**



Principal Place of Business      Mailing Address  
**11190 SNAPPER CREEK RD**      **11190 SNAPPER CREEK RD**  
**CORAL GABLES FL 33156-4216**      **CORAL GABLES FL 33156-4216**  
**US**      **US**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 State, Apt. #, etc.      State, Apt. #, etc.

1st MOORE      CR2E034 (10/07)

City & State      City & State

4. FEI Number      Applied For  
**59-1030262**      Not Applicable

Zip      Country      Zip      Country

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

6. Name and Address of Current Registered Agent  
**SKRLD, INC.**  
**201 ALHAMBRA CIRCLE**  
**SUITE 1102**  
**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when filing change.)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

# 3524  
414

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	MASE, CURTIS J	5505 ARBOR LANE	MIAMI FL 33156	<input type="checkbox"/>
D	OLEN, RANDY J.	10725 LAKESIDE DRIVE	CORAL GABLES FL 33156	<input type="checkbox"/>
D	HASSAN, JOE	10950 OLD CUTLER ROAD	CORAL GABLES FL 33156	<input type="checkbox"/>
D	JUNCADELLA, JOSE	5295 FAIRCHILD WAY	MIAMI FL 33156	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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05/23/08-80040-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowerments.

SIGNATURE: \_\_\_\_\_ DATE: **4/28/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-  
661-0505