## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2004 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State			
1. Entity Nam	MENT # 487058 ARINE CORPORATION			Parameter approximation of the control of the contr	Sec	cretary	oi State
1350 N.W. 18TH AVENUE 1		Mailing Address 1350 N.W. 18TH AVENUE MIAMI, FL 33125 _	N.W. 18TH AVENUE				
C	OO NOT WRITE		CE	01132004 4. FEI Numbe 59-166		CR2E034 (10	
6. Name and Address of Current Registered Agent  MCALPIN, DANIEL 1350 N.W. 18TH AVENUE MIAMI, FL 33125			The same of the sa		NOT W		
the obligate SIGNATURE.	named entity submits this statement for tions of registered agent.  Signature, yield or profest name of registered agent of the control of th	nd title II applicable. (NOTE Register  9. Election Campaign Fina	ed Agent signaturé require	d when reinstating)	th, in the State of Flo	orida, i am familia	r with, and accept
After M	ay 1, 2004 Fee will be \$550.0		. Add	ded to Fees			
10.  HILE NAME SIREET ADDRESS CITY-SI-ZIP  HILE NAME SIREET ADORESS CITY-SI-ZIP  HILE	OFFICERS AND STD MCALPIN, DANIEL 1350 N.W. 18TH AVENUE MIAMI, FL 33125 PVD GRIFFIN, JAMES III 1350 N.W. 18TH AVENUE MIAMI, FL 33125	DIRECTORS			U00000 05/03/04-	1149534 80191-010	) 150.00
NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>		-	NOT W THIS SF		
NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	-				

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 19.07(3)(f). 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 fegal 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 for Terrida 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR;

4/30/04 305-324-1131