

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # 494647

1. Entity Name  
LOREQUIN MARINE, INC.



FILED

08 SEP 15 PM 3:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1849 N.W. 21 TERRACE  
MIAMI, FL 33142

Mailing Address  
1849 N.W. 21 TERRACE  
MIAMI, FL 33142



09102008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1656681

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

QUINTAS, VICENTE  
1849 N.W. 21 TERRACE  
MIAMI, FL 33142

**DO NOT WRITE  
IN THIS SPACE**

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

**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
QUINTAS, MARICELA  
1849 N.W. 21 TERRACE  
MIAMI, FL 33142

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

300136517133  
10/01/08--01017--001 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

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 an other like empowered.

SIGNATURE:

*Quintas Vicente*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2022

August 28,2008

Division of Corporation  
PO Box 6327  
Tallahassee Fl 32314

Re: Lorequin Marine Inc # 494647  
1849 NW 21 st Terr  
Miami Fl 33142

To Whom It May Concern:

With this letter I would like to request abatement of all penalties on the above expressed account. Eventhough the addresses are correct I did not received them. I have two very small business and this kind of penalty would produce undue hardship. Thanking You in advance for your cooperation

Sincerely

  
Vicente Quintas