

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 30, 2007 08:00 A

Secretary of State

DOCUMENT # 509313

1. Entity Name
UNITED MARINE, INC.



Principal Place of Business
490 N.W. S. RIVER DRIVE
MIAMI, FL 33128 US

Mailing Address
490 N.W. S. RIVER DRIVE
MIAMI, FL 33128 US



04252007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1686369

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COFFEY, SUSAN
490 NW SOUTH RIVER DR.
MIAMI, FL 33128

**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

**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	AS
NAME	OBREGON, ODALYS
STREET ADDRESS	490 N.W. S. RIVER DRIVE
CITY-ST-ZIP	MIAMI, FL 33128
TITLE	PTDC
NAME	COFFEY, SUSAN
STREET ADDRESS	490 N.W. S. RIVER DRIVE
CITY-ST-ZIP	MIAMI, FL 33128
TITLE	VDDC
NAME	PAHULES, MARY B
STREET ADDRESS	490 NW SOUTH RIVER DR
CITY-ST-ZIP	MIAMI, FL 33128
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000751024
05/18/07-80086-013 150.00

**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 all other like empowered.

SIGNATURE:

Odaly Obregon AS 4-25-07 305-525-8445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #