

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718344

FILED
May 08, 2006
Secretary of State

Entity Name: MARINE INDUSTRIES ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

7800 S.W. 57 AVENUE
STE 302
MIAMI, FL 33143 US

New Principal Place of Business:

Current Mailing Address:

7800 S.W. 57 AVENUE
STE 302
MIAMI, FL 33143 US

New Mailing Address:

FEI Number: 59-2001363 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

RAY, DAVID D.
7800 S.W. 57 AVENUE
STE 302
MIAMI, FL 33143 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEWIS, JOE H
Address: 148 CHARLES AVENUE
City-St-Zip: MT. DORA, FL 32757

Title: VD () Delete
Name: KIEFER, MIKE
Address: 2400 SE FEDERAL HWY - STE 320
City-St-Zip: STUART, FL 34994

Title: TD (X) Delete
Name: COHN, PATIENCE
Address: 11111 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33181

Title: D () Delete
Name: RAY, DAVID D
Address: 7800 RED ROAD
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID D. RAY

D

05/08/2006

Electronic Signature of Signing Officer or Director

Date