

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F10883

1. Entity Name
MARINE DIESEL, INC.



Principal Place of Business
**3198 NW SOUTH RIVER DR
C/O JORDAN MONOCANDILOS
MIAMI, FL 33142 US**

Mailing Address
**3163 N.W. SOUTH RIVER DRIVE
C/O JORDAN MONOCANDILOS
MIAMI, FL 33142**



01262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2044536

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MONOCANDILOS, JORDAN
3163 N.S. SOUTH RIVER DRIVE
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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution, ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD MONOCANDILOS, JORDAN 3201 NW 24TH ST RD MIAMI, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V MONOCANDILOS, THEODORA 3201 NW 24TH ST RD MIAMI, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S DIAZ, LILIA A. 3201 NW 24TH ST RD MIAMI, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T ISERN, JORGE E. 3201 NW 24TH ST RD MIAMI, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V MONOCANDIDOS, NICOLAS 3201 NW 24TH ST RD MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

UN00000150115
05/03/04-80213-008 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #