2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCL	JMENT	# F1	0883

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



DO NOT WRITE IN THIS SPACE 04082005

4.	FEI Number 59-2044536	-	Applied For Not Applicable
_	Continue (Onto Deliver	\$8.75	Additional

Certificate of Status Desired

\$8.75 Additions Fee Required

Daytime Phone #

CR2E034 (10/03)

6. Name and Address of Current Registered Agent

MONOCANDILOS, JORDAN 3163 N.S. SOUTH RIVER DRIVE MIAMI, FL 33142

SIGNATURE:

DO NOT WRITE IN THIS SPACE

No Chg-P

	named entity submits this statement for the prions of registered agent.	urpose of changing its registered	office or re	egistered agent, or bo	ith, in the State of Florida. I am familiar with, and accept		
SIGNATURE Signature, typed or printed name of registered agent and talls if applicable (NOTE Pegssered Agent signature, required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financia Trust Fund Contribution	ng 🔲	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONOCANDILOS, JORDAN 3201 NW 24TH ST RD MIAMI, FL				U00000341781		
DILE NAME STREET ADDHESS CITY+ST+ZIP	V MONOCANDILOS, THEODORA 3201 NW 24TH ST RD MIAMI, FL			-	U00000341781 04/29/05-80030-002 158.75 -		
TITLE NAME STREET ADDRESS CITY-ST-21P	S DIAZ, LILIA A. 3201 NW 24TH ST RD MIAMI, FL			DO NOT WRITE IN THIS SPACE			
Title Name Street address City+St+Zip	T ISERN, JORGE E. 3201 NW 24TH ST RD MIAMI, FL						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MONOCANDIDOS, NICOLAS 3201 NW 24TH ST RD MIAMI, FL 33142	2					
TITLE NAME STREET ADDRESS CITY - ST - ZIP							
12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i). 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 at frustee 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.							

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR