


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #F25926</b>	
1. Entity Name <b>MARINSA MIAMI CORPORATION</b>	

Principal Place of Business <b>14250 S.W. 136TH ST. UNIT NO. 4 MIAMI, FL 33186</b>	Mailing Address <b>14250 S.W. 136TH ST. UNIT NO. 4 MIAMI, FL 33186</b>
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04122006 No Chg-P GR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2078984</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>ULRICH, WALCHLI MARINSA MIAMI CORP.. 14250 S.W. 136TH ST. UNIT 4 MIAMI, FL 33186</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000512051</b> <b>04/29/06-80072-018 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>OP WALCHLI, UELI 10730 SW 148TH AVE DR MIAMI, FL 00000.</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>DST WALCHLI, ROSE M 10730 SW 148TH AVE DR MIAMI, FL 00000.</b>
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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:** *Rosamaria Walchli* **ROSAMARIA WALCHLI** **04/12/06** **(305)2520118**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #