## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT #F36004

1. Entity Name

MARINE PROTEIN INTERNATIONAL CORPORATION



Principal Place of Business

9100 S. DADELAND BLVD.

STE 1600 MIAMI, FL 33156 Mailing Address

9100 S. DADELAND BLVD.

STE 1600

MIAMI, FL 33156





DO NOT WRITE IN THIS SPACE

01032008 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 59-2099860 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

FILED

Jan 14, 2008 08:00 Al **Secretary of State** 

6. Name and Address of Current Registered Agent

BINSTOCK, ALEX S. 9100 S. DADELAND BLVD. **SUITE 1600** MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE

				of the control of the
	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	ed office or registered agent, o	or both, in the State of Florida. I am familiar with, and accept
· SIGNATURE.				
• •	Signature, typed or printed name of registered agent and title if	applicable (NOTE, Registere	d Agent signature required when reinstatir	ng) DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution		\$5.00 May B Added to Fees		
10.	OFFICERS AND DIREC	TORS	्राज्याः । जिल्लाम् वर्षे	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BINSTOCK, ALEX S 9100 S. DADELAND BLVD., STE 1600 MIAMI, FL 33156			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOY, LINDA 9100 S. DADELAND BLVD., STE 1600 MIAMI, FL 33156			01/15/00000782785 01/15/08-80089-001:150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			D	O NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP			IN	I THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

12. Thereby certify that the information supplied with this filling 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: 2

TITLE NAME STREET ADDRESS