


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H09509</b> 1. Entity Name <b>MARINEL, INC.</b>	
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Principal Place of Business <b>1236 CHANNELSIDE DR. TAMPA, FL 33602 US</b>	Mailing Address <b>1236 CHANNELSIDE DR. TAMPA, FL 33602 US</b>
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04262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2834282</b>	Applied For 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>HARDIN, RONALD 104 LOCUST DRIVE BRANDON, FL 33511</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALDES, ALIPIO 102 LOCUST DR BRANDON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALDES, AURORA 102 LOCUST DR BRANDON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARDIN, RONALD N. 104 LOCUST DR BRANDON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VALDES, KATHRYN D. 104 LOCUST DR BRANDON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000141074  
04/29/04-80187-009 150.00

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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)(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 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: <u>Ronald N. Hardin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>4/26/04</u> Daytime Phone # <u>813 229-0080</u>