2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H09509

1. Entity Name
MARINEL, INC.

Principal Place of Business	Mailing Address
1236 CHANNELSIDE DR.	1236 CHANNELSIDE DR.
TAMPA, FL 33602 US	TAMPA, FL 33602 US

DO NOT WRITE IN THIS SPACE

03242005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2834282	Not Applicable

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

6. Name and Address of Current Registered Agent

HARDIN, RONALD
104 LOCUST DRIVE
BRANDON, FL 33511

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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 _Ronald A. Hardy_   3/24/05

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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	VALDES, ALIPIO
STREET ADDRESS	102 LOCUST DR
CITY-ST-ZIP	BRANDON, FL

TITLE	D
NAME	VALDES, AURORA
STREET ADDRESS	102 LOCUST DR
CITY-ST-ZIP	BRANDON, FL

TITLE	P
NAME	HARDIN, RONALD N.
STREET ADDRESS	104 LOCUST DR
CITY-ST-ZIP	BRANDON, FL

TITLE	ST
NAME	VALDES, KATHRYN D.
STREET ADDRESS	104 LOCUST DR
CITY-ST-ZIP	BRANDON, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/28/05-80069-012 150.00

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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: _Ronald A. Hardy_   3/25/05   813 223-2840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #