FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 450 421

03 JAN 31: PM 1: 24

SHARE AND OF BOASE TALLAHASSEE, FLORIDA

PELIENN PION, INC.

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2. Principal Place of Business		3. Mailing Address			-			
/666 / AUG . Suite, Apt. #, etc.	<i>C</i> ,	1606 AUG Suite, Apt. #, etc.	<u>- د</u> -	<u>, </u>	21	DO NOT W	E) TH	RIDRE
City & State Ni Vi UM Benc	471.	City & State 12 IVIEDA 136	7201	1 71.	4. FEI Numbe	26.50	7.59	Applied For Not Applicable
		33404	Coun	try		of Status Desire		\$8.75 Additional Fee Required
	· · · · · · · · · · · · · · · · · · ·				7. Name and A	ddress of Curr	ent Register	ed Agent
DO	NOT WR	ITE	* ***	Name / //// Street Address		7/1V/26	-5 <i>A</i>	
· į IN T	THIS SPA	CE	Ī	1606	AUE.	C. C	wit	#5

В.	The above named entity	submits this statement for	the purpose of changing its	registered office or	registered agent, o	or both, in the State of Florida	a

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

Signature, typed or printed name of registered agent and title if applicable

SIGNATURE

(See criteria on back)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11.	OFFICERO AND DIDECTORS	<u> </u>	
	OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P- CARLOS MAHROSA: 1606 AUG. C. UNIT #5 RUISAM BOACH, 71. 33404	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900013270809 02/28/0301045011 **450.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V- LIBMISON MANNOSA 11869 DINCH ST. PALM BONCH GANDONS, 33410	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DINA MANNOSA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRANCOS MANNORA #5 1606 AUG. C. UNIT #5 PIVIONA BOACH, 71, 33404	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CANLOS MANIZOSA

^{13.} 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 11 or on an attachment with an address, with all other like empowered.

Affachment

1-03-03

500988650

To Whom It May Concern:

I, Carlos Manresa, president of Pelican Pier, Inc. did not receive a corporate yearly statement for 2001 and 2002. My mailing address is :

Pelican Pier Marina, Inc 1606 Ave C Unit # 5 Riviera Beach, FL. 33404

THANK YOU

CANLOS MANROSA.