

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K11836

FILED  
Feb 24, 2009  
Secretary of State

Entity Name: J & R MARINE, INC.

**Current Principal Place of Business:**

3260 NE 170TH STREET  
NORTH MIAMI BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

3260 NE 170TH STREET  
NORTH MIAMI BEACH, FL 33160

**New Mailing Address:**

FEI Number: 65-0202984      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SALVADOR, JOSE L  
3260 NE 170TH STREET  
NORTH MIAMI BEACH, FL 33160      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: AS ( ) Delete  
Name: SALVADOR, ROBERTO  
Address: 3260 NE 170TH STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: D ( ) Delete  
Name: SALVADOR, JAVIER  
Address: 3260 NE 170TH STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: VTD ( ) Delete  
Name: SALVADOR, ROSA  
Address: 3260 NE 170TH STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: D ( ) Delete  
Name: SALVADOR, RODOLFO  
Address: 3260 NE 170TH STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: PSD ( ) Delete  
Name: SALVADOR, JOSE L PSD  
Address: 3260 NE 170TH STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE L SALVADOR

PSD

02/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date