2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K59563

1. Entity Name
A.L. MARINE, INC.

Principal Place of Business	Mailing Address
5148 W. SAN JOSE STREET TAMPA, FL 33629 US	5148 W. SAN JOSE STREET TAMPA, FL 33629 US

DO NOT WRITE IN THIS SPACE

02112008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
65-0104719		Not Applicable

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

6. Name and Address of Current Registered Agent

DIAZ, JOHN J., JR.
1602 WEST SLIGH AVENUE
SUITE 100
TAMPA, FL

DO NOT WRITE 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 _____ (No CHANGE) 02 21 08

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, 2008 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	LEVA, ALEX
STREET ADDRESS	5148 W. SAN JOSE STREET
CITY-ST-ZIP	TAMPA, FL 33629

TITLE	ST
NAME	LEVA, DESIREE
STREET ADDRESS	5148 W. SAN JOSE STREET
CITY-ST-ZIP	TAMPA, FL 33629

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/05/08-80033-007 150.00

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12. I hereby certify that the information supplied with this filing 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: _____ ALEX LEVA 2-21-8   813 -

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

240-3746