2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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May 01, 2006 8:00 am
Secretary of State
05-01-2006 90084 017 ****50.00

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04252006 Chg-LLC CR2E083 (11/05)

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1. Entity Name
QUIM MARINE, L.L.C.

Principal Place of Business
7290 N.W. 114TH AVE., APT. 110
DORAL, FL 33178

Mailing Address
7290 N.W. 114TH AVE., APT. 110
DORAL, FL 33178

2. Principal Place of Business	3. Mailing Address
3899 NW 7th St.	Same
Suite, Apt. #, etc.: ste 201	Suite, Apt. #, etc.
City & State: Mami, Florida	City & State
Zip: 33126 Country: USA	Zip Country

4. FEI Number — X Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DURAN, ALFREDO G
2601 SO. BAYSHORE DR., STE. 1400
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ☒ Delete XXXXXX XXXXX XXXX XXXXXXXXX XXXX XXXXXX XXXXX XX XXXXX	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Operating Manager ☐ Change ☒ Addition GARDENIA MARTINEZ 3899 NW 7th St., Ste 201 Miami, Florida 33126
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GARDENIA MARTINEZ Op. Mgr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #