


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L88409</b> 1. Entity Name MARAZUL CHARTERS, INC.	
--	---

Principal Place of Business 771 NW 37TH AVE MIAMI, FL 33125 US	Mailing Address 771 NW 37TH AVE MIAMI, FL 33125 US
--	--



07082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0216025	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  KURZBAN, KURZBAN AND WEINGER 2650 SW 27TH AVE 2ND FLOOR MIAMI, FL 33133
---

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DIAZ, HILDA 771 NW 37TH AVE MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DIAZ, CARMEN 771 NW 37TH AVE MIAMI, FL 33125
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	

U00000168091 07/23/04-80010-001 150.00
<b>DO NOT WRITE IN THIS SPACE</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: SECRETARY 7/14/04 (305) 644-9311  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #