


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M55362</b> 1. Entity Name <b>ALEIDA MARINA, INC.</b>	
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Principal Place of Business <b>885 NW 27 AVE MIAMI, FL 33125-3014</b>	Mailing Address <b>885 NW 27 AVE MIAMI, FL 33125-3014</b>
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**DO NOT WRITE IN THIS SPACE**



02122005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0034136</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**FERNANDEZ, ALEIDA  
3241 NW 17TH ST.  
MIAMI, FL 33125**

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P FERNANDEZ, ALEIDA 3241 NW 17TH ST. MIAMI, FL 33125</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T FERNANDEZ, ANTONIO J 3241 NW 17TH ST. MIAMI, FL 33125</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S FERNANDEZ, HARRY 3850 NW 13 ST MIAMI, FL</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/17/05-80045-024 150.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Antonio Fernandez** 3/11/05 305 649 6720  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #