

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90157 023 ***150.00

DOCUMENT # M55362

1. Entity Name
ALEIDA MARINA, INC.



Principal Place of Business
**885 NW 27 AVE
MIAMI, FL 33125-3014**

Mailing Address
**885 NW 27 AVE
MIAMI, FL 33125-3014**

DO NOT WRITE IN THIS SPACE



03222007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0034136

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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 _____
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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **FERNANDEZ, ALEIDA**
STREET ADDRESS **3241 NW 17TH ST.**
CITY-ST-ZIP **MIAMI, FL 33125**

TITLE **T**
NAME **FERNANDEZ, ANTONIO J**
STREET ADDRESS **3241 NW 17TH ST.**
CITY-ST-ZIP **MIAMI, FL 33125**

TITLE **S**
NAME **FERNANDEZ, HARRY**
STREET ADDRESS **3850 NW 13 ST**
CITY-ST-ZIP **MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/07 *305 649 6720*
Date Daytime Phone #