

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

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**



03172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0034136	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

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

**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**

U000000893714
04/23/08-80115-024 150.00

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	

**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: *Antonio Fernandez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/08
Date

305 645 6710
Daytime Phone #

ANTONIO FERNANDEZ