


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000010363 1. Entity Name EVARISTO MARINA FOUNDATION, INC	
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Principal Place of Business 1393 SW 1ST ST STE 207 MIAMI, FL 33135	Mailing Address 1393 SW 1ST ST STE 207 MIAMI, FL 33135
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DO NOT WRITE IN THIS SPACE



04282008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-5667300	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MARINA, EVARISTO L 2800 SW 7TH ST #205 MIAMI, FL 33135	DO NOT WRITE IN THIS SPACE
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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 reinstalling) DATE _____

Filing Fee Is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000937829 05/27/08-80064-019 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARINA, EVARISTO L 2800 SW 7TH ST #205 MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARINA, MARIA L 2800 SW 7TH ST #205 MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VILLACHICA, SERGIO 10350 SW 216TH ST #304 MIAMI, FL 33190
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LLANES, SERGIO 11880 SW 40TH ST #118 MIAMI, FL 33175
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 617, 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: *Evaristo L Marina* **4/28/08 305-303-4387**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #