



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90168 018 ****61.25

DOCUMENT # N94000003783					
1. Entity Name MARINA REAL CONDOMINIUM NO. 3 ASSOCIATION, INC.					
Principal Place of Business 17250 NE 19 AVENUE NORTH MIAMI BEACH, FL 33162 US			Mailing Address 17250 NE 19 AVENUE NORTH MIAMI BEACH, FL 33162 US		
2. Principal Place of Business 1022 NW 123 CT		3. Mailing Address 435 SW 123 AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami, FL		City & State Miami, FL		03232004 Chg-NP CR2E037 (10/03)	
Zip 33182		Country USA		4. FEI Number 65-0558103	
Zip 33182		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MJB MANAGEMENT SERVICES INC 17250 NE 19 AVENUE NORTH MIAMI BEACH, FL 33162				7. Name and Address of New Registered Agent Name CR MANAGEMENT + INVESTMENT Street Address (P.O. Box Number is Not Acceptable) 435 SW 123 AVE City Miami, FL Zip Code 33184	
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 <u><i>Joe P. Ruben</i></u> DATE <u>4/28/04</u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD GONZALEZ, GUADALUPE 1024 NW 123 CT MIAMI, FL 33182 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASTILLO, OSCAR 12315 NW 10 LANE MIAMI, FL 33182 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLANCO, JORGE 1042 NW 123 CT. MIAMI, FL 33182 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ASTIAZARAIN, ROSA 1022 NW 123 CT. MIAMI, FL 33182 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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: <u><i>Rosa Astiazarain</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>4/28/04</u> DAYTIME PHONE # <u>305-225-1897</u>	