


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2004 8:00 am**  
**Secretary of State**

03-23-2004 90007 024 \*\*\*158.75

<b>DOCUMENT # P00000018863</b> 1. Entity Name <b>MACA MARINE, INC.</b>					
Principal Place of Business <b>3300 N.W. NORTH RIVER DR. MIAMI, FL 33142</b>			Mailing Address <b>3300 N.W. NORTH RIVER DR. MIAMI, FL 33142</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-1069779</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<del>ALBORNOS, WILLIAM H ESQ.</del> <del>901 PONCE DE LEON BLVD.</del> <del>SUITE 601</del> <del>CORAL GABLES, FL 33134</del>				Name <b>Jon W. Burke</b> Street Address (P.O. Box Number is Not Acceptable) <b>3300 NWN River Drive</b> City <b>Miami</b> FL <b>33142</b>	
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>Jon W. Burke</i></u> DATE <u><b>3-17-04</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>AL ABDALLAH, MANUEL</del>		NAME	<b>Ricardo Arango</b>	
STREET ADDRESS	<del>901 PONCE DE LEON BLVD. SUITE 601</del>		STREET ADDRESS	<b>3300 NWN River Drive</b>	
CITY-ST-ZIP	<del>CORAL GABLES, FL 33134</del>		CITY-ST-ZIP	<b>Miami, Fla. 33142</b>	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>AL ABDALLAH, KAMEL</del>		NAME	<b>Reinaldo C. Valdes</b>	
STREET ADDRESS	<del>3300 NW NORTH RIVER DR</del>		STREET ADDRESS	<b>3300 NWN River Drive</b>	
CITY-ST-ZIP	<del>MIAMI, FL 33142</del>		CITY-ST-ZIP	<b>Miami, Fla. 33142</b>	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>AL ABDALA BASIL</del>		NAME	<b>Jon W. Burke</b>	
STREET ADDRESS	<del>3300 NW NORTH RIVER DR</del>		STREET ADDRESS	<b>3300 NWN North River Drive</b>	
CITY-ST-ZIP	<del>MIAMI, FL 33142</del>		CITY-ST-ZIP	<b>Miami, Fla. 33142</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u><i>Jon W. Burke</i></u>			3-15-04 305-910-999 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		