

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # P00000104987

1. Entity Name
BLUE MARLIN EXPEDITIONS, INC.



Principal Place of Business
**1760 SE 10TH ST.
FT. LAUDERDALE, FL 33316**

Mailing Address
**1760 SE 10TH ST.
FT. LAUDERDALE, FL 33316**



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1061380	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

**AUSTIN, VINCE
1760 SE 10TH ST.
FT. LAUDERDALE, FL 33316**

**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
000000441756

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

03/03/06-80049-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	AUSTIN, VINCE
STREET ADDRESS	1760 SE 10TH ST.
CITY-ST-ZIP	FT LAUDERDALE, FL 33316

TITLE	ST
NAME	PEREZ, JORGE
STREET ADDRESS	1220 SE 24TH AVE
CITY-ST-ZIP	POMPANO BEACH, FL 33062

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #