FROM :

FAX NO. :

**FILED**
**May 10, 2004 8:00 am**
**Secretary of State**
05-10-2004 90454 040 ***150.00

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000022213

1. Entity Name
ORLY'S MARINE COVERING & INTERIOR, INC.

24073511

Principal Place of Business
Orly's Marine Covering & Interior
241 N.W. South River Drive
Miami, Fl 33128
Ph:305-547-6166 Fax:305-547-1522

Mailing Address
Orly's Marine Covering & Interior
241 N.W. South River Drive
Miami, Fl 33128
Ph:305-547-6166 Fax:305-547-1522

**DO NOT WRITE IN THIS SPACE**

04232004 No Chg-P CR2E034 (10/03)

4. FEI Number
03-0399595

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ESTRADA, ROGER A
3010 NW 13TH 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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. / (ATTN: Registered Agent signature required when reinstating))

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2004 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | GONZALEZ, ORLANDO |
| STREET ADDRESS | 3105 SW 24TH STREET |
| CITY-ST-ZIP | MIAMI, FL 33145 |
| TITLE | VD |
| NAME | PIEHL, RAYMOND JAMES |
| STREET ADDRESS | 17 WHITE HORSE DR. |
| CITY-ST-ZIP | MIAMI SPRINGS, FL 33166 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
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| 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 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:** _____ 04/30/04 (305)5476166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #