

FROM :

FAX NO. :

07-11-2005 90125 002 ***130.00
P02000022213**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**05 AUG -8 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14018649



DOCUMENT # P02000022213					
1. Entity Name ORLY'S MARINE COVERING & INTERIOR, INC.					
Principal Place of Business 241 NW SOUTH RIVER DRIVE MIAMI, FL 33128			Mailing Address 241 NW SOUTH RIVER DRIVE MIAMI, FL 33128		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 03-0399895	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent ESTRADA, ROGER A 3010 NW 13TH ST MIAMI, FL 33125			7. Name and Address of New Registered Agent Name ORLANDO GONZALEZ Street Address (P.O. Box Number is Not Acceptable) 3105 SW 24th STREET City Miami FL Zip Code 33145		
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 07/06/05					
NOTE: Registered Agent signature required when reappointing.					
FILE NOW!! FEE IS \$550.00 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution ☐ \$8.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GONZALEZ, ORLANDO		NAME		
STREET ADDRESS	3105 SW 24TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
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TITLE		☐ Delete	TITLE	☐ Change ☐ 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 or other like empowered.					
SIGNATURE:			DATE: 07/04/05 (305) 547 6166		
SIGNATURE AND PRINTED OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR					

2012

August 5, 2005

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: Orly's Marine Covering & Interior, Inc.
Reference: P02000022213

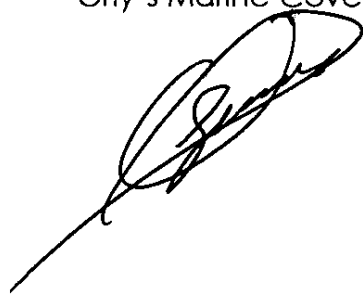
To Whom It May Concern:

Please be advised that we never received the initial notification in the mail to file the annual report, therefore we are respectfully requesting that the \$400.00 late fee be waived. We await your written response to our request.

Thank you for your kind cooperation.

Very truly yours,

ORLANDO GONZALEZ- President
Orly's Marine Covering & Interior

A handwritten signature in black ink, appearing to read 'Orlando Gonzalez', written over a horizontal line.