FROM : FAX NO. :

1 of 2

07-11-2005 90125 002 ***150.00
P02000022213

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 AUG -8 AM 10: 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000022213

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

14018649

07062005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
241 NW SOUTH RIVER DRIVE MIAMI, FL 33128	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: 03-0399595 ☐ 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

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: [signature] 07/06/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, ORLANDO 3105 SW 24TH STREET MIAMI, FL 33145	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8/11	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 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] 07/06/05 (305) 547 6166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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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