

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90171 046 \*\*\*150.00

**DOCUMENT # P02000028057**

1. Entity Name  
**MARINE CORPORATE SERVICES, INC**



Principal Place of Business  
**8156 S.W. 163RD AVE.  
MIAMI, FL 33193**

Mailing Address  
**8156 S.W. 163RD AVE.  
MIAMI, FL 33193**

64071600

2. Principal Place of Business  
**8156 SW 153RD AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**8156 SW 153RD AVE**  
Suite, Apt. #, etc.



04292004 Chg-P CR2E034 (10/03)

City & State  
**MIAMI, FL**  
Zip  
**33193** Country  
**USA**

City & State  
**MIAMI, FL**  
Zip  
**33193** Country  
**USA**

4. FEI Number  
**33-1634336** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MUSTELIER, JUSTO**  
**8156 S.W. 163RD AVE.**  
**MIAMI, FL 33193**

**7. Name and Address of New Registered Agent**

Name  
**JUSTO MUSTELIER**  
Street Address (P.O. Box Number is Not Acceptable)  
**8156 SW 153RD AVE**  
City  
**MIAMI** FL Zip Code  
**33193**

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 **JUSTO MUSTELIER, Pres.** **04/29/04**  
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**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete  
**MUSTELIER, JUSTO**  
**8156 S.W. 163RD AVE.**  
**MIAMI, FL 33193**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP  
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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**8156 SW 153RD AVE**  
**MIAMI, FL 33193**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ 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:** **JUSTO MUSTELIER, Pres.** **04/29/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #