

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90334 039 ***150.00

DOCUMENT # P02000056572

1. Entity Name
MARINA BAY 509, INC.



Principal Place of Business
**777 BRICKELL AVE STE 1070
MIAMI, FL 33131**

Mailing Address
**777 BRICKELL AVE STE 1070
MIAMI, FL 33131**

14014762



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

02-0618384

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MONTELLO, LOUIS R
777 BRICKELL AVE STE 1070
MIAMI, FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**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 ☒ D ☐ Delete
NAME **HERNANDEZ, ADOLFO S**
STREET ADDRESS **777 BRICKELL AVE STE 1070**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☒ D ☐ Delete
NAME **DI GERONIMO DE SILVA, MARIA NELLY**
STREET ADDRESS **777 BRICKELL AVE STE 1070**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ PTS ☐ Delete
NAME **DI GERONIMO, ADOLFO JOSE S**
STREET ADDRESS **777 BRICKELL AVENUE SUITE 1070**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ D ☐ Change ☐ Addition
NAME **HERNANDEZ SILVA, ADOLFO**
STREET ADDRESS **777 Brickell Avenue, Suite 1070**
CITY-ST-ZIP **Miami, Florida 33131**

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

TITLE ☒ PTS ☐ Change ☐ Addition
NAME **DI GERONIMO SILVA, ADOLFO JOSE**
STREET ADDRESS **777 Brickell Avenue, Suite 1070**
CITY-ST-ZIP **Miami, Florida 33131**

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

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

TITLE ☐ ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 all other like empowered.

SIGNATURE: *Louis de Silva*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04
Date

305-373-0300
Daytime Phone #