
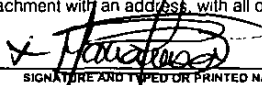


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90023 030 \*\*\*150.00

<b>DOCUMENT # P02000056572</b> 1. Entity Name <b>MARINA BAY 509, INC.</b>					
Principal Place of Business <b>5035 PALM AVE HIALEAH, FL 33012</b>			Mailing Address <b>5035 PALM AVE HIALEAH, FL 33012</b>		
2. Principal Place of Business - No P.O. Box # <b>6447 MIAMI LAKES DR E</b>		3. Mailing Address <b>6447 MIAMI LAKES DR E</b>			
Suite, Apt. #, etc. <b>203-J</b>		Suite, Apt. #, etc. <b>203-J</b>			
City & State <b>MIAMI LAKES, FL</b>		City & State <b>MIAMI LAKES FL</b>			
Zip <b>33014</b>		Country <b>US</b>		Zip <b>33014</b>	
Country <b>US</b>		4. FEI Number <b>02-0618384</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MONTELLO, LOUIS R 777 BRICKELL AVE STE 1070 MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name: <b>SILVA, ADOLFO</b> Street Address (P.O. Box Number is Not Acceptable): <b>1835 NE MIAMI GARDENS DR</b> City: <b>MIAMI</b> FL Zip Code: <b>33179</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>SILVA, ADOLFO</b> <b>1835 NE MIAMI GARDENS DR</b> <b>MIAMI, FL 33179</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>SILVA, MARIA L</b> <b>1835 NE MIAMI GARDENS DR</b> <b>MIAMI, FL 33179</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>SILVA, MARIA N</b> <b>1835 NE MIAMI GARDENS DR</b> <b>MIAMI, FL 33179</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>SILVA, MARIA NELLA</b> <b>1835 E MIAMI GARDENS DR.</b> <b>MIAMI, FL 33179</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			Date: <b>03/27/08</b> (705) 987-1111		