

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90207 018 ***150.00

DOCUMENT # P02000105490

1. Entity Name
MAR AVENTURA INC.



Principal Place of Business
**2655 JEUNE RD, STE 1107
CORAL GABLES, FL 33134**

Mailing Address
**2655 JEUNE RD, STE 1107
CORAL GABLES, FL 33134**

94070433



03172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FFI Number **05-0588898** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MIR, HECTOR J
2655 JEUNE RD, STE 1107
CORAL GABLES, FL 33134**

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**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 PS
NAME DE MELLO, JOSE M
STREET ADDRESS 3640 YACHT CLUB DR UNIT 603
CITY-ST-ZIP AVENTURA, FL 33180

TITLE VPT
NAME MANDARINO, MARCIA
STREET ADDRESS 3640 YACHT CLUB DR UNIT 603
CITY-ST-ZIP AVENTURA, FL 33180

TITLE AS
NAME MIR, HECTOR J.
STREET ADDRESS 2655 LE JEUNE RD., STE 1107
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: Hector J. Mir
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hector J. Mir 04/23/04

Date

305-444-0460

Daytime Phone #