


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90037 033 \*\*\*150.00

<b>DOCUMENT # P03000066631</b>	
1. Entity Name <b>TUNA MAR, INC.</b>	

Principal Place of Business <b>8185 SW 85 TERRACE MIAMI, FL 33143</b>	Mailing Address <b>8185 SW 85 TERRACE MIAMI, FL 33143</b>
--	--

2. Principal Place of Business <b>8410 NW 53 TER</b> Suite, Apt. #, etc. <b>SUITE 102</b> City & State <b>MIAMI, FL</b> Zip <b>33166</b> Country <b>USA</b>	3. Mailing Address <b>8410 NW 53 TER</b> Suite, Apt. #, etc. <b>SUITE 102</b> City & State <b>MIAMI</b> Zip <b>33166</b> Country <b>USA</b>
---	---



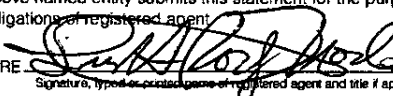
01172004 Chg-P CR2E034 (10/03)

4. FEI Number <b>38-3682367</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>GUILLERMO ANDRADE, CPA, PA 255 ALHAMBRA CIR STE 720 CORAL GABLES, FL 33134</b>	
--	--

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 	DATE <b>01/17/04</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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>
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RODRIGUEZ, LUIS H 8185 SW 85 TERRACE MIAMI, FL 33143 <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	DV PARTRIDGE, NINOSKA R 8185 SW 85 TERRACE MIAMI, FL 33143 <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	SD PARTRIDGE, DAVID 8185 SW 85 TERRACE MIAMI, FL 33143 <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
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 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: 	DATE <b>01/17/04</b>	Daytime Phone # <b>305-594-7779</b>
--	----------------------	-------------------------------------