

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000066631

1. Entity Name
TUNA MAR, INC.



Principal Place of Business
8410 NW 53 TER
SUITE 102
MIAMI, FL 33166

Mailing Address
8410 NW 53 TER
SUITE 102
MIAMI, FL 33166

FILED

06 JUN -9 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06052006 No Chg-P CR2E034 (11/05)

4. FEI Number
38-3682367

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GUILLERMO ANDRADE, CPA, PA
255 ALHAMBRA CIR STE 720
CORAL GABLES, FL 33134

**DO NOT WRITE
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

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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RODRIGUEZ, LUIS H 8185 SW 85 TERRACE MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PARTRIDGE, NINOSKA R 8185 SW 85 TERRACE MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARTRIDGE, DAVID 8185 SW 85 TERRACE MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

8/6/12
900076244989
06/15/06--01035--025 **158.75

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #