

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90030 042 ***150.00

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1 4062005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000088354 1. Entity Name MARINE & INDUSTRIAL, INC.			
Principal Place of Business 13747 SW 3 TERR. MIAMI, FL 33175		Mailing Address 13747 SW 3 TERR. MIAMI, FL 33175	
2. Principal Place of Business <i>1. SW 31 TERR.</i>		3. Mailing Address <i>13747 SW 31 TERR</i>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <i>Miami FL</i>		City & State <i>Miami FL</i>	
Zip <i>33175</i>		Zip <i>33175</i>	
Country 		Country 	
4. FEI Number 20-0148163		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERNANDEZ, JORGE L 13747 SW 3 TERR. MIAMI, FL 33175		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>13747 SW 31 TERR</i> City <i>Miami</i> FL Zip Code <i>33175</i>	
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: <i>[Signature]</i> DATE: <i>4/6/05</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERNANDEZ, JORGE L 13747 SW 3 TERR. MIAMI, FL 33175	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LLANES, ALEX 13747 SW 3 TERR. MIAMI, FL 33175	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <i>4/6/05</i> Daytime Phone: <i>(305) 226-3443</i>	