2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 08, 2006 8:00 am Secretary of State 05-08-2006 90269 040 ***150.00 DOCUMENT # P03000088354 MARINE & INDUSTRIAL, INC. 40000401 Principal Place of Business Mailing Address 13747 SW 31 TERR. 13747 SW 31 TERR. MIAMI, FL 33175 MIAMI, FL 33175 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-0148163 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERNANDEZ, JORGE L Street Address (P.O. Box Number is Not Acceptable) 13747 SW 31 TERR. MIAMI, FL 33175 City 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: typed or printed name of registered against and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VΩ ☐ Delete TITLE ☐ Addition HERNANDEZ, JORGE L NAME NAME 13747 SW 31 TERRÁCE MIAMI FI 33175 13747 SW 3 TERR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33175 CITY-ST-ZIP PD TITLE ☐ Delete TITLE ☐ Addition LLANES, ALEX NAME NAME STREET ADDRESS 13747 SW 3 TERR. STREET ADDRESS MIAMI, FL 33175 CITY ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TALLE ☐ Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY ST-ZIP CITY-ST-ZIP

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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

Delete:

THE

NAME

STREET ADDRESS:

CITY S1-ZIP

☐ Addition

FILED