

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90182 001 ***150.00

DOCUMENT # P04000033758																																																																																																																																																											
1. Entity Name MARINE PERFECTION, INC.																																																																																																																																																											
Principal Place of Business 546 NE VANDO TERRADO JENSEN BEACH, FL 34957			Mailing Address 546 NE VANDO TERRADO JENSEN BEACH, FL 34957																																																																																																																																																								
2. Principal Place of Business 3494 SE Gran Park Way		3. Mailing Address Same as #2																																																																																																																																																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																									
City & State Stuart, FL		City & State		4. FEI Number 20-0778562																																																																																																																																																							
Zip 34997		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																																																																																																							
6. Name and Address of Current Registered Agent PEREZ-ZAPATA, JOSE E 546 NE VANDO TERRADO JENSEN BEACH, FL 34957 3494 SE GRAN PARK WAY STUART, FL 34997			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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: 2/24/05 Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating)																																																																																																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees																																																																																																																																																								
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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:			2/24/05 772-286-3628																																																																																																																																																								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #																																																																																																																																																								