

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000070338

Entity Name: CHUB CAY DOCK, INC.

FILED
Feb 27, 2008
Secretary of State

Current Principal Place of Business:

C/O 200 S. BISCAYNE BOULEVARD
SUITE 4900
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

C/O WHITE & CASE LLP
200 S. BISCAYNE BOULEVARD, SUITE 4900
MIAMI, FL 33131

New Mailing Address:

FEI Number: 20-1090157

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAGG, K. LAWRENCE
200 S. BISCAYNE BOULEVARD
SUITE 4900
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: CODINA, ARMANDO
Address: 2588 SOUTH LEJEUNE ROAD
City-St-Zip: CORAL GABLES, FL 33134

Title: VS () Delete
Name: CODINA, MARGARITA
Address: C/O 200 S. BISCAYNE BOULEVARD, SUITE 4900
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARMANDO CODINA

P

02/27/2008

Electronic Signature of Signing Officer or Director

_____ Date