

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000072981

Entity Name: MARINES U.S.A., INC.

FILED
Apr 14, 2005
Secretary of State

Current Principal Place of Business:

7330 OCEAN TER
SUITE 1904
MIAMI BEACH, FL 331412750

Current Mailing Address:

7330 OCEAN TER
SUITE 1904
MIAMI BEACH, FL 331412750

FEI Number: 20-1173584

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

1375 N.W. 89TH COURT
SUITE 9
MIAMI, FL 33172

New Mailing Address:

1375 N.W. 89TH COURT
SUITE 1904
MIAMI, FL 33172

Name and Address of Current Registered Agent:

CORDOVA, RECHER V
7330 OCEAN TER
SUITE 1904
MIAMI BEACH, FL 331412750 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: PD () Delete
Name: CORDOVA, RECHER V
Address: 7330 OCEAN TER
City-St-Zip: MIAMI BEACH, FL 331412750

Title: SV () Delete
Name: SIERRA DE VIVANCO, LUZ SIERRA
Address: 7330 OCEAN TER
City-St-Zip: MIAMI BEACH, FL 331412750

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ASST () Change (X) Addition
Name: CASTRO, ISIDRO
Address: 1375N.W. 89TH COURT
City-St-Zip: MIAMI, FL 33172

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ISIDRO CASTRO

ASST

04/14/2005

Electronic Signature of Signing Officer or Director

_____ Date