


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90186 008 ***150.00

DOCUMENT # P04000078604		
1. Entity Name MYAMI MARINE INC		

Principal Place of Business 12246 SW 130 STREET MIAMI FL 33186 US	Mailing Address C/O MICHAEL A VOLK 3001 PONCE DE LEON BLVD STE 211 CORAL GABLES FL 33134 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address C/O MICHAEL A. VOLK 12925 SW 132 STREET SUITE #1
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1st MOORE CR2E034 (10/05)

City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA	4. FEI Number 43-2053203	Applied For <input type="checkbox"/> Not Applicable
Zip 33186	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VOLK, MICHAEL A 3001 PONCE DE LEON BLVD SUITE 211 CORAL GABLES FL 33134	7. Name and Address of New Registered Agent Name VOLK, MICHAEL A. Street Address (P.O. Box Number is Not Acceptable) 12925 SW 132 STREET SUITE #1 City MIAMI FL 33186
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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 **MICHAEL A. VOLK** (NOTE: Registered Agent signature required when reinstating) DATE **4/16/06**

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VOLK, MICHAEL A 9671 SW 102 AVENUE ROAD MIAMI FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D' IPPOLITO, ANTHONY J P O BOX 267676 WESTON FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: **MICHAEL A. VOLK** DATE **4/16/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR