

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90552 014 \*\*\*150.00

14015187



04132005 Chg-P CR2E034 (10/03)

4. FEI Number 84-1662000 Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

DOCUMENT # P04000098418  
 1. Entity Name  
 MARINA BLUE 3409 CORPORATION



Principal Place of Business Mailing Address  
~~901 PONCE DE LEON BLVD STE 603~~ ~~901 PONCE DE LEON BLVD STE 603~~  
~~CORAL GABLES, FL 33134~~ ~~CORAL GABLES, FL 33134~~

2. Principal Place of Business 318 INDIAN TRACE #177 3. Mailing Address 318 INDIAN TRACE #177  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State WESTON, FL. City & State WESTON, FL.  
 Zip 33326 Country Zip 33326 Country

6. Name and Address of Current Registered Agent

ALBORNOZ, WILLIAM H ESC.  
~~901 PONCE DE LEON BLVD STE 603~~  
~~CORAL GABLES, FL 33134~~

7. Name and Address of New Registered Agent  
 Name NORIEGA JOSE G.  
 Street Address (P.O. Box Number is Not Acceptable) 318 INDIAN TRACE #177  
 City WESTON, FL Zip Code 33326

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: *[Signature]* DATE: 4/14/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input checked="" type="checkbox"/> Delete	LAREZ, JOSE N	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NORIEGA, JOSE G.
STREET ADDRESS <del>901 PONCE DE LEON BLVD STE 603</del>		STREET ADDRESS	318 INDIAN TRACE #177
CITY-ST-ZIP <del>CORAL GABLES, FL 33134</del>		CITY-ST-ZIP	WESTON, FL. 33326
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 by law to file 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 persons empowered.

SIGNATURE: *[Signature]* DATE: 4/14/05 DAYTIME PHONE #