
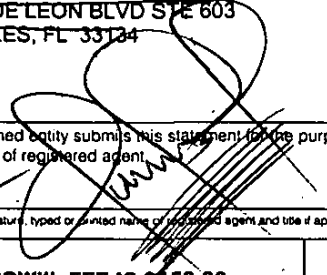
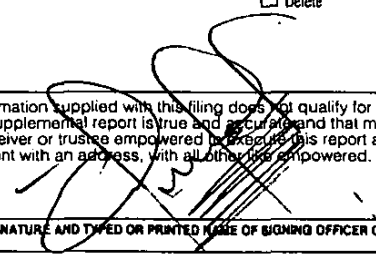


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90552 014 ***150.00

DOCUMENT # P04000098418 1. Entity Name MARINA BLUE 3409 CORPORATION																																					
Principal Place of Business 901 PONCE DE LEON BLVD STE 603 CORAL GABLES, FL 33134			Mailing Address 901 PONCE DE LEON BLVD STE 603 CORAL GABLES, FL 33134																																		
2. Principal Place of Business 318 INDIAN TRACE #177 Suite, Apt. #, etc.		3. Mailing Address 318 INDIAN TRACE #177 Suite, Apt. #, etc.																																			
City & State WESTON, FL.		City & State WESTON, FL.		4. FEI Number 84-1662000																																	
Zip 33326		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent ALBORNOZ, WILLIAM H ESQ. 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:  DATE: 4/14/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE D NAME LAREZ, JOSE N STREET ADDRESS 901 PONCE DE LEON BLVD STE 603 CITY- ST- ZIP CORAL GABLES, FL 33134 </td> <td style="width:50%; padding: 2px;"> <input checked="" type="checkbox"/> Delete </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>			TITLE D NAME LAREZ, JOSE N STREET ADDRESS 901 PONCE DE LEON BLVD STE 603 CITY- ST- ZIP CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE NAME NORIEGA, JOSE G. STREET ADDRESS 318 INDIAN TRACE #177 CITY- ST- ZIP WESTON, FL. 33326 </td> <td style="width:50%; padding: 2px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>			TITLE NAME NORIEGA, JOSE G. STREET ADDRESS 318 INDIAN TRACE #177 CITY- ST- ZIP WESTON, FL. 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition														
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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 officers empowered.																																					
SIGNATURE:  4/14/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																					

14015187



04132005 Chg-P CR2E034 (10/03)

Applied For
Not Applicable