2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000098418

MARINA BLUE 3409 CORPORATION



Principal Place of Business

318 INDIAN TRACE, # 177 WESTON, FL 33326

Mailing Address

318 INDIAN TRACE, # 177 WESTON, FL 33326

FILED Apr 03, 2006 8:00 am Secretary of State

04-03-2006 90392 018 ***150.00

60023603



DO NOT WRITE IN THIS SPACE

No Chg-P 02032006

CR2E034 (11/05)

4. FEI Number 84-1662000 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Davtime Phone #

6. Name and Address of Current Registered Agent

NORIEGA, JOSE G 318 INDIAN TRACE, # 177 WESTON, FL 33326

SIGNATURE:

DO NOT WRITE IN THIS SPACE

 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORIEGA, JOSE G 318 INDIAN TRACE, # 177 WESTON, FL 33326					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119; Florida Statutes. I further certify that the information indicated on this report or supplemental report is true of 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 tostee emposited 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, and all other like empowered.						

LAME OF SIGNING OFFICER OR DIRECTOR