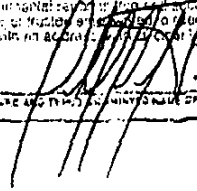


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005 8:00 am
Secretary of State

04-20-2005 90324 015 ***150.00

DOCUMENT # P04000098421		4/20/	
1. Entity Name MARINA BLUE 2310 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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEE		5. Certificate of Status Desired - ☐ 58.75 Additional Fee Required	
APPLIED FOR		APPLIED FOR	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ALBORNOZ, WILLIAM H ESQ. 901 PONCE DE LEON BLVD STE 603 CORAL GABLES, FL 33134			
City		FL Zip Code	
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, from familiar with, and accept the obligations of registered agent.			
SIGNATURE		Date	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May be Added to Fee.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied in this report is true and correct to the best of my knowledge and belief, 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 holder of a trust or other interest in the corporation; and that my name appears in Block 10 or Block 11, if changed, or on an attachment with an address change, if so indicated.			
SIGNATURE: 		13 April 05. 444-1741	
SIGNATURE AND TITLE OF CURRENTLY REGISTERED OFFICER OR DIRECTOR		Date	