FILED
Apr 30, 2008 08:00 AM
Secretary of State

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000098421

1. Entity Name
MARINA BLUE 2310 CORPORATION

Principal Place of Business	Mailing Address
705 SAND CREEK CIRCLE WESTON, FL 33327	705 SAND CREEK CIRCLE WESTON, FL 33327

02132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1498535

Application Pending

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

6. Name and Address of Current Registered Agent

ALBORNOZ, WILLIAM H ESQ
901 PONCE DE LEON BLVD STE 803
CORAL GABLES, FL 33134

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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 _____
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered agent signature is required when changing) Date

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ANDREOLI, DONATO
STREET ADDRESS	705 SAND CREEK CIRCLE
CITY-ST-ZIP	WESTON, FL 33327
TITLE	D
NAME	ANDREOLI, ADRIANO
STREET ADDRESS	705 SAND CREEK CIRCLE
CITY-ST-ZIP	WESTON, FL 33327
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/23/08-80059-022 150.00

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12. I hereby certify that the information supplied with this filing 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone