


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90552 022 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # P04000098432</b>                        |  |
| 1. Entity Name<br><b>MARINA BLUE 3605 CORPORATION</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>901 PONCE DE LEON BLVD STE 603<br/>CORAL GABLES, FL 33134</b> | Mailing Address<br><b>901 PONCE DE LEON BLVD STE 603<br/>CORAL GABLES, FL 33134</b> |
|---|---|

**14015179**



|  |  |
|--|--|
| 2. Principal Place of Business<br><b>318 INDIAN TRACE #177</b> | 3. Mailing Address<br><b>318 INDIAN TRACE #177</b> |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                                |

04132005 Chg-P CR2E034 (10/03)

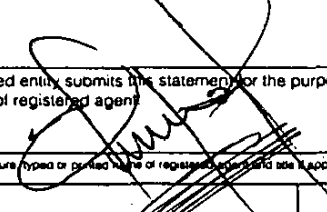
|                                    |                                    |
|------------------------------------|------------------------------------|
| City & State<br><b>WESTON, FL.</b> | City & State<br><b>WESTON, FL.</b> |
| Zip<br><b>33326</b>                | Country                            |
| Country                            | Zip<br><b>33326</b>                |
| Country                            | Country                            |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>84-1662001</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent<br><b>ALBORNOZ, WILLIAM H ESQ.<br/>901 PONCE DE LEON BLVD STE 603<br/>CORAL GABLES, FL 33134</b> | 7. Name and Address of New Registered Agent<br>Name<br><b>NORIEGA, JOSE G.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>318 INDIAN TRACE #177</b><br>City<br><b>WESTON, FL.</b> <b>FL</b> Zip Code<br><b>33326</b> |
|--|---|

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<br> | DATE<br><b>4/14/05</b> |
|---|------------------------|

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|---|---|

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

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 another fee empowered.

|   |                        |
|---|------------------------|
| SIGNATURE:<br> | DATE<br><b>4/14/05</b> |
|---|------------------------|