

28 Abr 05 03:14p Ramon Peña

DOCUMENT # P04000098472

1. Entity Name
MARINA BLUE 2307 CORPORATION



APPROVAL
AND
05-04-2005 00153.018 ***150.00
P04000098472

05 JUN -7 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business % WILLIAM H. ALBORNOZ, ESQUIRE 901 PONCE DE LEON BLVD - STE 603 CORAL GABLES, FL 33134		Mailing Address % WILLIAM H. ALBORNOZ, ESQUIRE 901 PONCE DE LEON BLVD - STE 603 CORAL GABLES, FL 33134	
2. Principal Place of Business Subs, Apt. 8, etc.		3. Mailing Address Subs, Apt. 8, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		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 BLVE STE 603 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____			
FILE NOW! FEE \$500.00 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 NAME STREET ADDRESS CITY-ST-ZIP	0 PENA, RAMON % 901 PONCE DE LEON BLVD - STE 603 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 person 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 like empowered.			
SIGNATURE: <u>Ramon Peña, Director</u> DATE: <u>April 25, 2005</u>			