## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## May 15, 2006 8:00 am Secretary of State 05-15-2006 90044 001 \*\*\*120.00 DOCUMENT # P04000101894 05-15-2006 90044 002 \*\*\*\*30.00 1. Entity Name MARÍNA GRANDE 514 INC. Principal Place of Business Mailing Address 17600 COLLINS AVE. 17600 COLLINS AVE. SUNNY ISLES BEACH, FL 33160 SUNNY ISLES BEACH, FL 33160 04262006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2498505 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARRERO, YAMILE DO NOT WRITE 17600 COLLINS AVE. SUNNY ISLES BEACH, FL 33160 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS TITLE VILAR, CONSUELO NAME 17600 COLLINS AVE. STREET ADDRESS CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160 TITLE NAME STREET ADDRESS CIFY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

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 eath; 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 all other like empowered.

SIGNATURE:

CITY-ST-7IP EITI F

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**