


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90063 046 \*\*\*150.00

<b>DOCUMENT # P04000101894</b> 1. Entity Name <b>MARINA GRANDE 514 INC.</b>					
Principal Place of Business <b>17600 COLLINS AVE. SUNNY ISLES BEACH, FL 33160</b>			Mailing Address <b>17600 COLLINS AVE. SUNNY ISLES BEACH, FL 33160</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4. FEI Number <b>20-2498505</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02062008      Chg-P      CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>MARRERO, YAMILE 17600 COLLINS AVE. SUNNY ISLES BEACH, FL 33160</b>			7. Name and Address of New Registered Agent Name <b>CONSUELO VILAR</b> Street Address (P.O. Box Number is Not Acceptable) <b>17600 COLLINS AVENUE</b> City <b>SUNNY ISLES</b> FL      Zip Code <b>33160</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 <b>X</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>				DATE <b>02-05-08</b>	
<b>FILE NOW!!! FEE IS \$450.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE P NAME VILAR, CONSUELO STREET ADDRESS 17600 COLLINS AVE. CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE V NAME HOFFMAN, PERLA STREET ADDRESS 17600 COLLINS AVE CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE O NAME LOPEZ, NANCY STREET ADDRESS 17600 COLLINS AVE CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE O NAME KERPEL, SARA STREET ADDRESS 17600 COLLINS AVE CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete		TITLE O NAME SARA KERPEL STREET ADDRESS 17600 COLLINS AVENUE CITY-ST-ZIP SUNNY ISLES FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE O NAME MOSQUERA, JOHANA STREET ADDRESS 17600 COLLINS AVE CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE O NAME BEOR, JOHN STREET ADDRESS 17600 COLLINS AVE CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete		TITLE O NAME JOHN DREWBEAR STREET ADDRESS 17600 COLLINS AVENUE CITY-ST-ZIP SUNNY ISLES FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE <b>X</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <b>02-05-08</b> 305-968-6281		