

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000103590

1. Entity Name
MARINA BLUE 2609 INC.



Principal Place of Business
**17600 COLLINS AVENUE
SUNNY ISLES BEACH, FL 33160**

Mailing Address
**17600 COLLINS AVENUE
SUNNY ISLES BEACH, FL 33160**



04262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0879623

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**OLIVE, JUAN C
17600 COLLINS AVENUE
SUNNY ISLES BEACH, FL 33160**

**DO NOT WRITE
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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

**U00000556171
05/16/06-80062-006 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VILAR, CONSUELO
STREET ADDRESS	17600 COLLINS AVENUE
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160
TITLE	V
NAME	OLIVE, JUAN C
STREET ADDRESS	14901 SW 4TH STREET #A-2
CITY-ST-ZIP	PEMBROKE PINES, FL 33027
TITLE	V
NAME	NARANJO, DANIEL
STREET ADDRESS	3521 NW 100TH STREET
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/06

305-914-765

Date

Daytime Phone #