

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90196 007 ***150.00

DOCUMENT # P05000131297

1. Entity Name
AQUAMARINA BTQ, INC.



Principal Place of Business
**109 N. 3RD ST.
FERNANDINA BCH, FL 32034**

Mailing Address
**109 N. 3RD ST.
FERNANDINA BCH, FL 32034**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04:32006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FRI Number

10-3504962

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARNIER, KATIA
4740 S. OCEAN BLVD., APT. 204
HIGHLAND BCH, FL 33487**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when not listing)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PD
MARNIER, KATIA
4740 S. OCEAN BLVD., APT. 204
HIGHLAND BCH, FL 33487**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change

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CITY- ST- ZIP

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STREET ADDRESS
CITY- ST- ZIP

☐ Change

☐ 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:

Katia Marnier - president/
owner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/2006

904-491-1950

DATE

PHONE NUMBER