

# **2007 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000036191

Entity Name: BIG BLUE MARINE, INC.

**FILED**  
**Dec 03, 2007**  
**Secretary of State**

## **Current Principal Place of Business:**

7400 NORTH FEDERAL HIGHWAY  
SUITE B6  
BOCA RATON, 33487

## **New Principal Place of Business:**

4095 127TH TRAIL NORTH  
ROYAL PALM BEACH, FL 33411

## **Current Mailing Address:**

7400 NORTH FEDERAL HIGHWAY  
SUITE B6  
BOCA RATON, 33487

## **New Mailing Address:**

4095 127TH TRAIL NORTH  
ROYAL PALM BEACH, FL 33411

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

## **Name and Address of Current Registered Agent:**

SMITH, ROBERT  
4095 127TH TRAIL NORTH  
ROYAL PALM BEACH, FL 33411 US

## **Name and Address of New Registered Agent:**

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.

SIGNATURE: ROBERT A SMITH

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: P,S ( ) Delete  
Name: SMITH, ROBERT  
Address: 127TH TRAIL NORTH  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: LOFFREDO-SMITH, CHRISTINE A  
Address: 4095 127TH TRAIL NORTH  
City-St-Zip: ROYAL PALM BEACH, FL 33411

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE LOFFREDO-SMITH

VP

12/03/2007

Electronic Signature of Signing Officer or Director

Date