

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000114980

1. Entity Name
EL MARINO, INC.



FILED

10 MAY 17 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
163 NW 14TH ST
MIAMI, FL 33136 US

Mailing Address
163 NW 14TH ST
MIAMI, FL 33136 US

2. Principal Place of Business - No P.O. Box #

163 N.W. 14th St

3. Mailing Address

163 N.W. 14th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05072010

Chg-P

CR2E034 (11/08)



City & State

miami FL

City & State

miami FL

Zip

33136

Country

USA

Zip

33136

Country

USA

4. FEI Number

16-1771469

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHATAT, FATIMA
15356 SW 21ST PLACE
MIRAMAR, FL 33027

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 file if applicable

Fatima Shatat President 5/13/10

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 24, 2010

9. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PVST
SHATAT, FATIMA
15356 SW 21ST PLACE
MIRAMAR, FL 33027 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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CITY - ST - ZIP
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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fatima Shatat

5/13/10

Date

305-372-9755

Daytime Phone #