## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000124923

Entity Name: LUCID MARINE, INC.

FILED Jul 02, 2007 Secretary of State

2015 SW 20 STREET 1700 EAST LAS OLAS BOULEVARD

SUITE 210 SUITE 301

FORT LAUDERDALE, FL 33315 US FORT LAUDERDALE, FL 33301 US

Current Mailing Address: New Mailing Address:

2015 SW 20 STREET 1700 EAST LAS OLAS BOULEVARD

SUITE 210 SUITE 301

FORT LAUDERDALE, FL 33315 US FORT LAUDERDALE, FL 33301 US

FEI Number: 20-5639959 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CARDENAS, BARINDA CARDENAS, BARINDRA 2015 SW 20 STREET 1700 EAST LAS OLAS BOULEVARD

SUITE 210

FORT LAUDERDALE, FL 33315 US

FORT LAUDERDALE, FL 33301 US

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: BARINDRA CARDENAS 07/02/2007

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:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 CARDENAS, BARINDA
 Name:
 CARDENAS, BARINDRA

 Address:
 5112 SW 155 AVE
 Address:
 5112 SW 155 AVE

 City-St-Zip:
 MIRAMAR, FL 33027 US
 City-St-Zip:
 MIRAMAR, FL 33027 US

Title: S () Delete Title: () Change () Addition

 Name:
 REYES, LUIS
 Name:

 Address:
 PO BOX 5
 Address:

 City-St-Zip:
 COTO LAUREL, PR 00780 PR
 City-St-Zip:

Title: T,VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 DELGADO, CYNTHIA
 Name:

 Address:
 5112 SW 155 AVE
 Address:

 City-St-Zip:
 MIRAMAR, FL 33027 US
 City-St-Zip:

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: BARINDRA CARDENAS P 07/02/2007