2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # P06000152880 1. Entity Name MIAMI-HAVANA FERRY CORP. 2008 JUN 19 PM 1:59 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA **60 EDGEWATER DR UNIT 15C 60 EDGEWATER DR UNIT 15C** CORAL GABLES, FL 33133 CORAL GABLES, FL 33133 06022008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-8746221 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PINO, RAUL F ESQ DO NOT WRITE 2440 CORLA WAY MIAMI, FL 33145 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstation) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 12, 2008 10. OFFICERS AND DIRECTORS DPSV TITLE MUSIBAY, CARLOS A NAME STREET ADDRESS 60 EDGEWATER DR. UNIT 15C CORAL GABLES, FL 33133 CITY-ST-ZIP TITLE 200131630742 06/24/08--01035--006 **150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 strue 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:

NAME STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

6/13/08

(305) PSY-1904

Daytime Phone