


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2008 8:00 am
Secretary of State

08-12-2008 90024 026 ***150.00

DOCUMENT # P07000065725 1. Entity Name MARINA RETIREMENT HOME ,INC.					
Principal Place of Business 9700 NW 29 AVENUE MIAMI, FL 33147			Mailing Address 9700 NW 29 AVENUE MIAMI, FL 33147		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEON, MARINA 9700 NW 29 AVENUE MIAMI, FL 33147			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P LEON, MARINA 9700 NW 29 STREET MIAMI, FL 33147 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Marina Leon</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<i>Marina President 7-31-08 786-502-4971</i> Date Daytime Phone #		

4



07172008 Chg-P CR2E034 (12/06)

4. FEI Number **26-0292453** Applied For Not Applicable

ATTACHMENT

MARINA RETIREMENT HOME, INC
9700 NW 29 AVE
MIAMI FL 33147

40113275

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

REF: ANNUAL REPORT 2008
DOCUMENT # P07000065725

By this letter I want to let you know that in July 10th 2008 I received a notice to intent to dissolve my corporation, I called the Division of Corporation and some one instructed me to send the report with a check of \$150.00.

When I called I clearly stated that I never received an annual report notice, and because my corporation was new I did not know about this report.

Now I am asking you to waive the penalty, I am enclosing the completed report and a check of \$150.00.

If you have any question please call me at 786-202-4971.

Sincerely


Marina Leon
President