## 2005 FOR PROFIT CORPORATION \_ANNUAL REPORT

## FILED Apr 27, 2005 08:00 AN Secretary of State

ANNUAL REPORT						Secretary of Stat			
DOCUMENT # P93000079514  1. Entity Name							·		
NORTH AMERICAN INSULAR ENTERPRISES, INC.									
Principal Plac	ce of Business	Mailing Address		<del></del>	1				
10520 SW 74 LANE		10520 SW 74 LANE			1				
MIAMI, FL 33173		MIAMI, FL 33173		1 1 1 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	( <b>1) 10 (1) 10 (1) 10 (1)</b>	1 <b>Patil (Birit (Bir: 1</b> 1)) Bi rik	re hiderat ii taat		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04122005	Chg-P	CR2E034 (10/0	03)		
City & State		City & State			4. FEI Number 65-0554		}-	Applied For Not Applicable	
Zip Country		Zip Countr		ntry	5. Certificate o	of Status Desired	S8.75 Fee Req	Additional juired	
6. Name and Address of Current Registered Agent					7. Name and	Address of New Re	egistered Agent		
	N, CHRISTIANNE B			Name Street Address (	P.O. Box Number	is Not Acceptable)	)		
MIAMI, FL 33173				\					
 	·	-12		City		·	FL Zip C	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, lyped or privad rearns of registered agent and little if applicable. (NOTE, Registered Agent signature required when reinstating)  DATE									
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.									
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C		CERS AND DIRECT		
TITLE	DP	☐ Delete	TITLE			00000	)033751 <b>6</b> 1 Chan	ige 🔲 Addition	
NAME	DE MARIN, CHRISTIANNE B	· -	NAM	ų.		04/27/05	-80171-011	[150.00]	
STREET ADDRESS CITY-ST-ZIP	10520 SW 74 LANE MIAMI, FL 33173	-1-c-	•	ET ADDRESS - ST-ZIP					
TITLE NAME	DVPT DEBAYLE, LUIS H	☐ Delete	TITLE	i i			Chan	ige 🔲 Addilion	
STREET ADDRESS	)		•	ET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33175	175 <u>a</u> cn		-ST-ZIP					
TITLE NAME	DS REBOSO, NADIA	☐ Delete	TITLE	ĺ			☐ Chan	ige 🔲 Addition	
STREET ADDRESS	BRICKELL BAY DRIVE			ET ADORESS				ł	
CITY-S1-21P	MIAMI, FL 33131		<b>L</b> .	ST-ZIP		<u> </u>			
TITLE Name		☐ Delete	TITLE	)			Chan	ige 🔲 Addition	
STREET ADDRESS			NAME STREE	ET ADDRESS				l	
CITY-ST-ZIP			CITY-	ST-ZIP					
title Name		☐ Delete	. TITLE NAME	í			☐ Chang	ge 🔲 Addition [	
STREET ADDRESS			ŧ	ET ADDRESS				{	
City-St-ZIP		,	CITY-	ST-ZIP					
TITLE NAME		Delete	TITLE	i i			☐ Chang	ge 🗌 Addition	
STREET ADDRESS			1	ET ADDRESS				į	
CITY-51-ZIP		<u> </u>	CITY	ST-ZIP		·			
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 cath; 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: C. Marin Christianne Marin 4/20/05 595-5750									
SIGNATURE AND TREED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daying Phone P									