

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90277 009 \*\*\*150.00

**DOCUMENT # P94000010044**

1. Entity Name  
**MARINA EXPORT, INC.**



Principal Place of Business  
**10975 NW 29TH STREET  
MIAMI, FL 33172 US**

Mailing Address  
**10975 NW 29TH STREET  
MIAMI, FL 33172 US**

01222004 No Chg-P CR2E034 (10/03)



**DO NOT WRITE IN THIS SPACE**

01222004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0468524**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ROSEN, LAWRENCE N  
2925 AVENTURA BLVD  
STE 308  
AVENTURA, FL 33180**

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>
NAME	<b>AZOUT, JACK</b>
STREET ADDRESS	<b>C/O 2875 NE 191ST STREET, PH1</b>
CITY-ST-ZIP	<b>AVENTURA, FL 33180</b>
TITLE	<b>S</b>
NAME	<b>AZOUT, JACK</b>
STREET ADDRESS	<b>C/O 2875 NE 191ST STREET, PH1</b>
CITY-ST-ZIP	<b>AVENUTRA, FL 33180</b>
TITLE	<b>AS</b>
NAME	<b>SELZER, HERBERT M</b>
STREET ADDRESS	<b>C/O 505 PARK AVENUE, 9TH FLOOR</b>
CITY-ST-ZIP	<b>NEW YORK, NY 10022</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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

**4/19/04**

Date

**305-935-5175**

Daytime Phone #