

04/22/2005 12:14 3053534277

SAEZ

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90454 048 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000031805

1. Entity Name
MARSH HARBOR INTERNATIONAL CORP.

Principal Place of Business
**888 BRICKELL AVENUE
FIFTH FLOOR
MIAMI, FL 33131 US**

Mailing Address
**888 BRICKELL AVENUE
FIFTH FLOOR
MIAMI, FL 33131 US**

40071353



01132005 No Chg P CF2E034 (10/03)

4. FEI Number
65-0494886 Applied For
Not Applicable

5. Certificates of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SAEZ, PEDRO P
SAEZ & ASSOCIATES
888 BRICKELL AVENUE, FIFTH FLOOR
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

8. The abn. a named and/or sole in 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 based on printed name of registered agent and fee if applicable

DATE

Signature required when certifying

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Finance
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fee**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**POT
DE KAFIE, LILIANA C
888 BRICKELL AVE. 5TH FLOOR
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
DE CANAHUATI, BLANCA
888 BRICKELL AVE. 5TH FLOOR
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
DE LARACH, MARTA C
888 BRICKELL AVE. 5TH FLOOR
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
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)(f), 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.

ORIGINAL FILE

SIGNATURE AND TYPE OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR

APRIL 21/2005

Date

Daytime Phone #