

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000070005

1. Entity Name
SOLUTIONS-MARINER, INC.



Principal Place of Business
**1108 KANE CONCOURSE, STE 307
BAY HARBOR ISLANDS, FL 33154 US**

Mailing Address
**1108 KANE CONCOURSE, STE 307
BAY HARBOR ISLANDS, FL 33154 US**



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0524432

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

**HAIMAN, BARRY G
1108 KANE CONCOURSE, STE 307
BAY HARBOR ISLANDS, FL 33154**

**DO NOT WRITE
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	D
NAME	BARASCH, STUART
STREET ADDRESS	353 WEST 47 ST.
CITY - ST - ZIP	MIAMI, FL 33161
TITLE	D
NAME	HARRISON, BETSY
STREET ADDRESS	34 PATTON DR.
CITY - ST - ZIP	PENSACOLA, FL 32507
TITLE	D
NAME	JONES, LUVERNE
STREET ADDRESS	1 SE 3RD AVE 20TH FLOOR
CITY - ST - ZIP	MIAMI, FL 33131
TITLE	D
NAME	MCNABB, ROBERT F
STREET ADDRESS	9500 SW 184 STREET
CITY - ST - ZIP	MIAMI, FL 33157
TITLE	D
NAME	MAYES, CARL
STREET ADDRESS	6602 NW 3RD STREET
CITY - ST - ZIP	MARGATE, FL 33063
TITLE	D
NAME	GORDON, ALAN
STREET ADDRESS	1997 SPOONBILL ST.
CITY - ST - ZIP	JACKSONVILLE, FL 32224

000000144947
04/30/04-80147-017 158.75

**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)(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

Date

Daytime Phone #

BARRY HAIMAN

4-27-04 305-865-4555