

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90009 020 ***150.00

DOCUMENT # P96000015730	
1. Entity Name MARINE HORIZONS, INC.	

Principal Place of Business 100 SE 1ST STREET #40 MIAMI-FL 33131	Mailing Address P. O. BOX 160874 MIAMI FL 33116 US
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04033601



MOORE CR2E034 (11/03)

2. Principal Place of Business 121 S.E. 1st Ave	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Miami, FL	City & State
Zip 33131	Country Dade

4. FEI Number 65-0649275	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MORENO, MARIA-ANTONIA 4277 S.W. 153RD PLACE MIAMI-FL 33185	
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7. Name and Address of New Registered Agent	
Name Moreno, Maria-Antonia	
Street Address (P.O. Box Number is Not Acceptable) 7821 S.W. 182 Ter.	
City Miami	FL Zip Code 33157

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 <i>Maria Antonia Moreno</i>	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORENO, VIRGINIA 4277 SW 153RD PL MIAMI-FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORENO, MARIA-ANTONIA 4297 SW 153RD PL MIAMI-FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Moreno, Virginia 7821 S.W. 182 Ter Miami, FL 33157 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Moreno, Maria-Antonia 7821 S.W. 182 Ter Miami, FL 33157 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.	
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SIGNATURE: <i>Maria Antonia Moreno</i>	Date	Daytime Phone # (305) 358-9021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		