

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90033 043 ***150.00

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1. Entity Name

MARINA PARK INN CO.



Principal Place of Business

270 NE 4TH STREET
MIAMI FL 33132

Mailing Address

270 NE 4TH STREET
MIAMI FL 33132

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0676852

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip 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, 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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MICANGELI, MAURIZIO
STREET ADDRESS 270 NE 4TH ST
CITY-ST-ZIP MIAMI FL 33132

TITLE VD ☐ Delete
NAME TUPINI, CLAUDIO
STREET ADDRESS 270 NE 4TH ST
CITY-ST-ZIP MIAMI FL 33132

TITLE D ☐ Delete
NAME CORBEDDU, ANTONIO
STREET ADDRESS 270 NE 4TH STREET
CITY-ST-ZIP MIAMI FL 33132

TITLE D ☐ Delete
NAME LAROCHE, RICHARD F JR.
STREET ADDRESS 2103 SHANNON DRIVE
CITY-ST-ZIP MURFREESBORO TN 37129

TITLE D ☐ Delete
NAME FRIEDBAUER, ROGER
STREET ADDRESS 1500 MIAMI CENTER, 201 SOUTH BISCAYNE BLVD
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☐ Change ☒ Addition
NAME Castana, Benoit
STREET ADDRESS 270 NE 4th Street
CITY-ST-ZIP Miami, FL 33132

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Benoist Castana 1-26-04 (305) 358-0661

Date

Daytime Phone #