


**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90207 047 \*\*\*150.00

<b>DOCUMENT #</b>		<b>P97000001914</b>									
<b>1. Entity Name</b> <b>MOANA MARINE, INC.</b>											
<b>Principal Place of Business</b> <b>2622 W. CONLEY AVENUE</b> <b>TAMPA FL 33611</b>			<b>Mailing Address</b> <b>2622 W. CONLEY AVENUE</b> <b>TAMPA FL 33611</b>								
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>								
Suite, Apt. #, etc.			Suite, Apt. #, etc.								
City & State			City & State								
Zip		Country	Zip		Country						
<b>6. Name and Address of Current Registered Agent</b>											
<b>VISO, JORGE J</b> <b>2622 W. CONLEY AVENUE</b> <b>TAMPA FL 33611</b>					<b>Name</b>						
					<b>Street Address</b>						
					<b>City</b>						
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, and the obligations of registered agent.</b>											
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>											
<div style="display: flex; justify-content: space-between;"><div><b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b></div><div></div></div>											
<b>10. OFFICERS AND DIRECTORS</b>						<b>11.</b>					
TITLE		<b>D</b> <b>VISO, JORGE J</b> <b>2622 W. CONLEY AVENUE</b> <b>TAMPA FL 33611</b>				<input type="checkbox"/> Delete		TITLE			
NAME						NAME		STREET ADDRESS		CITY-ST-ZIP	
STREET ADDRESS						STREET ADDRESS		CITY-ST-ZIP			
CITY-ST-ZIP						CITY-ST-ZIP		CITY-ST-ZIP			
TITLE						<input type="checkbox"/> Delete		TITLE			
NAME						NAME		STREET ADDRESS		CITY-ST-ZIP	
STREET ADDRESS						STREET ADDRESS		CITY-ST-ZIP			
CITY-ST-ZIP						CITY-ST-ZIP		CITY-ST-ZIP			
TITLE						<input type="checkbox"/> Delete		TITLE			
NAME						NAME		STREET ADDRESS		CITY-ST-ZIP	
STREET ADDRESS						STREET ADDRESS		CITY-ST-ZIP			
CITY-ST-ZIP						CITY-ST-ZIP		CITY-ST-ZIP			
TITLE						<input type="checkbox"/> Delete		TITLE			
NAME						NAME		STREET ADDRESS		CITY-ST-ZIP	
STREET ADDRESS						STREET ADDRESS		CITY-ST-ZIP			
CITY-ST-ZIP						CITY-ST-ZIP		CITY-ST-ZIP			
TITLE						<input type="checkbox"/> Delete		TITLE			
NAME						NAME		STREET ADDRESS		CITY-ST-ZIP	
STREET ADDRESS						STREET ADDRESS		CITY-ST-ZIP			
CITY-ST-ZIP						CITY-ST-ZIP		CITY-ST-ZIP			
TITLE						<input type="checkbox"/> Delete		TITLE			
NAME						NAME		STREET ADDRESS		CITY-ST-ZIP	
STREET ADDRESS						STREET ADDRESS		CITY-ST-ZIP			
CITY-ST-ZIP						CITY-ST-ZIP		CITY-ST-ZIP			

[illegible]☐ CHECK HERE IF MAKING CHANGES

4. FEI Number	59-3424555	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VISO, JORGE J 2622 W. CONLEY AVENUE TAMPA FL 33611		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2003 Fee will be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b></p>	<p>9. Election Campaign Financing          Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be          Added to Fees</p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> <b>VISO, JORGE J</b> <b>2622 W. CONLEY AVENUE</b> <b>TAMPA FL 33611</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

**SIGNATURE:** [Signature] **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

12 FEB 03 813-837-5562

CB2F034 (10/02)