


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90086 042 \*\*\*150.00

**DOCUMENT # P97000080396**

1. Entity Name  
**MIRAMAR MARINA CORP.**



Principal Place of Business      Mailing Address

**ONE BAYFRONT PLAZA SUITE 1100**      **ONE BAYFRONT PLAZA SUITE 1100**  
**100 S BISCAYNE BLVD**      **100 S BISCAYNE BLVD**  
**MIAMI, FL 33131**      **MIAMI, FL 33131**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

04072005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

**65-0783152**       Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HOLLO, TIBOR**  
**ONE BAYFRONT PLAZA SUITE 1100**  
**100 S BISCAYNE BLVD**  
**MIAMI, FL 33131**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	HOLLO, TIBOR	1 BAYFRONT PLAZA STE 1100, 100 S. BISCAYNE	MIAMI, FL 33131	<input type="checkbox"/>
P	HOLLO, TIBOR	100 S BISCAYNE BLVD STE 1100	MIAMI, FL 33131	<input type="checkbox"/>
S	HOLLO, WAYNE	100 S BISCAYNE BLVD., STE 1100	MIAMI, FL 33131	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
VP	Jerome Hollo	100 S. BISCAYNE	MIAMI, FL 33131	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	LEONARD KATZ	100 S. BISCAYNE BLVD.	MIAMI FL 33131	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	STEVE BART	100 S. BISCAYNE BLVD.	MIAMI FL 33131	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:** \_\_\_\_\_ **Date** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR