


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

03-06-2007 90005 013 \*\*\*150.00


DOCUMENT # P97000080396  
1. Entity Name  
MIRAMAR MARINA CORP.



Principal Place of Business      Mailing Address  
ONE BAYFRONT PLAZA SUITE 900      ONE BAYFRONT PLAZA SUITE 900  
100 S BISCAYNE BLVD      100 S BISCAYNE BLVD  
MIAMI, FL 33131      MIAMI, FL 33131

**DO NOT WRITE IN THIS SPACE**

10000051



01162007    No Chg-P    CR2E034 (11/05)

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

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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 restateing) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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	HOLLO, TIBOR
STREET ADDRESS	1 BAYFRONT PLAZA STE 1100, 100 S. BISCAYNE
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	P
NAME	HOLLO, TIBOR
STREET ADDRESS	100 S BISCAYNE BLVD STE 1100
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	S
NAME	HOLLO, WAYNE
STREET ADDRESS	100 S BISCAYNE BLVD., STE 1100
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	V
NAME	HOLLO, JEROME
STREET ADDRESS	100 S. BISCAYNE
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	T
NAME	KATZ, LEONARD
STREET ADDRESS	100 S. BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	V
NAME	BAER, STEVE
STREET ADDRESS	100 S. BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33131

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Leonard Katz  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

010-6210