


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> P98000015254	
<b>1. Entity Name</b> MARINA CABRERA BY C.C.M., CORP.	

<b>Principal Place of Business</b> 430 VALENCIA AVE. APT 9 CORAL GABLES, FL 33134	<b>Mailing Address</b> 430 VALENCIA AVE. APT 9 CORAL GABLES, FL 33134
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04272005 No Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 65-0812431	<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

CABRERA, MARINA  
4300 VALENICA AVE  
APT 9  
CORAL GABLES, FL 33134

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**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** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> PD	<b>NAME</b> CABRERA, MARINA
<b>STREET ADDRESS</b> 430 VALENICA AVE, APT 9	
<b>CITY-ST-ZIP</b> CORAL GABLES, FL 33134	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Marina Cabrera **04/27/05.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #