

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90090 005 ***150.00

DOCUMENT # P98000015254 1. Entity Name MARINA CABRERA BY C.C.M., CORP.			
Principal Place of Business 430 VALENCA AVE. APT 9 CORAL GABLES, FL 33134		Mailing Address 430 VALENCA AVE. APT 9 CORAL GABLES, FL 33134	
2. Principal Place of Business - No P.O. Box # 5121 SW 1 ST Suite, Apt. #, etc.		3. Mailing Address 5121 SW 1 ST Suite, Apt. #, etc.	
City & State Coral Gables, FL Zip 33134		City & State Coral Gables, FL Zip 33134	
4. FEI Number 65-0812431		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CABRERA, MARINA 4300 VALENICA AVE APT 9 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Cabrera, Marina Street Address (P.O. Box Number is Not Acceptable) 5121 SW 1 ST City Coral Gables FL Zip Code 33134	
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 <u><i>Marina Cabrera</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CABRERA, MARINA 430 VALENICA AVE, APT 9 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Cabrera, Marina 5121 SW 1 ST Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Donner, Mariela C. 5121 SW 1 ST Coral Gables, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Donner, Mariela C. 5121 SW 1 ST Coral Gables, FL 33134
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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: <u><i>Marina Cabrera</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			