


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 08, 2007 8:00 am**  
**Secretary of State**

06-08-2007 90001 025 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # P98000039523</b><br>1. Entity Name<br><b>MARINE PROFESSIONALS, INC.</b> |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>850 NE 3RD STREET<br/>SUITE 113<br/>DANIA, FL 33004</b> | Mailing Address<br><b>850 NE 3RD STREET<br/>SUITE 113<br/>DANIA, FL 33004</b> |
|---|---|

**DO NOT WRITE IN THIS SPACE**

06052007 No Chg-P CR2E034 (11/05)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-0833917</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |   |
|---|---|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional<br/>Fee Required</b> |
|---|---|

6. Name and Address of Current Registered Agent  
  
**CURRERI, MARC L  
3259 N NW 44TH ST  
FORT LAUDERDALE, FL 33309**

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

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

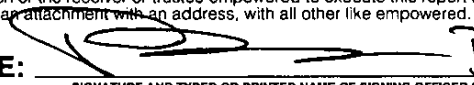
9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS                      |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP | D<br>CURRERI, MARC<br>400 NW 17TH AVE<br>POMPANO BEACH, FL 33069 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP | O<br>CURRERI, BRIAN<br>317 NE 2ND CT<br>DANIA BEACH, FL 33005    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP |  |

**DO NOT WRITE  
IN THIS SPACE**

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:**  **Brian Curreri**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**954-929-4161**