2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

06-16-2006 90101 029 ***150.00
07-11-2006 90017 027 ***400.00

DOCUMENT # P98000107969

1. Entity Name
MARINA INVESTMENTS, INC.

Principal Place of Business	Mailing Address
445 GRAND BAY DRIVE, SUITE 1110 KEY BISCAYNE, FL 33149	445 GRAND BAY DRIVE, SUITE 1110 KEY BISCAYNE, FL 33149

06132006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
848 Brickell Avenue		848 Brickell Avenue	
Suite, Apt. #, etc. Suite 830		Suite, Apt. #, etc. Suite 830	
City & State Miami, FL		City & State Miami, FL	
Zip 33131	Country USA	Zip 33131	Country USA

4. FEI Number 65-0884470 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARLADE, ALBERTO J ESQ.
7050 SW 86 AVE
MIAMI, FL 33143

7. Name and Address of New Registered Agent

Name RENEE ADWAR, ESQ.
Street Address (P.O. Box Number is Not Acceptable) 848 BRICKELL AVENUE
SUITE 830
City MIAMI FL Zip Code 33131

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] 6/14/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PSTD STANZIONE, MARINA 445 GRAND BAY DRIVE, SUITE 1110 KEY BISCAYNE, FL 33149	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] Stanzione A. 6/14/06 (305) 374-4422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #