

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000040351

1. Entity Name
AGUAMARINA GALERIA, INC.



Principal Place of Business
**328 CRANDON BLVD
SUITE 217
KEY BISCAYNE, FL 33149-1331**

Mailing Address
**328 CRANDON BLVD
SUITE 217
KEY BISCAYNE, FL 33149-1331**

DO NOT WRITE IN THIS SPACE

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05022005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0922151

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MONTANO, NATALIA
328 CRANDON BLVD. #217
KEY BISCAYNE, FL 33149**

**DO NOT WRITE
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 re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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	P
NAME	MONTANO, NATALIA
STREET ADDRESS	328 CRANDON BLVD. #217
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	VP
NAME	SALAZAR, ROBERTO
STREET ADDRESS	328 CRANDON BLVD. #217
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: NATALIA MONTANO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/02/05

Date Daytime Phone #