

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000040351 1. Entity Name AGUAMARINA GALERIA, INC.	
--	---

Principal Place of Business 328 CRANDON BLVD SUITE 217 KEY BISCAINE, FL 33149-1331	Mailing Address 328 CRANDON BLVD SUITE 217 KEY BISCAINE, FL 33149-1331
---	---

DO NOT WRITE IN THIS SPACE



09112006 No Chg-P CR2E034 (11/05)

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 BISCAINE, 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.

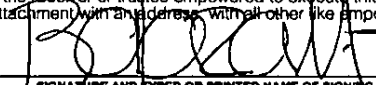
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	U00000576733 09/13/06-80003-004 150.00 DATE
---	---

FILE NOW!!! FEE IS \$150.00 Due by September 15, 2006	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 NAME STREET ADDRESS CITY-ST-ZIP	P MONTANO, NATALIA 328 CRANDON BLVD. #217 KEY BISCAINE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SALAZAR, ROBERTO 328 CRANDON BLVD. #217 KEY BISCAINE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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, without other like empowered.

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