

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90347 002 ***150.00

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1. Entity Name
MARIN DESIGN GROUP, INC.



Principal Place of Business
**11317 SW 17TH COURT
SUITE 203
MIRAMAR, FL 33025**

Mailing Address
**2031 RENAISSANCE BLVD.
SUITE 203
MIRAMAR, FL 33025**

44039699



2. Principal Place of Business

11317 SW 17TH COURT

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SAME

02272004

Chg-P

CR2E034 (10/03)

City & State

MIRAMAR, FL

City & State

4. FEI Number

65-0957279

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**MARIN, HERNANDO A
2031 RENAISSANCE BOULEVARD #203
MIRAMAR, FL 33025**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

11317 SW 17TH COURT

City

MIRAMAR

FL

Zip Code

33025

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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MARIN, HERNANDO**
STREET ADDRESS **17600 NORTH BAY ROAD APT. 407**
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33160**

TITLE **D** ☐ Delete
NAME **MORALES, HUMBERTO**
STREET ADDRESS **17600 NORTH BAY ROAD APT. 407**
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33160**

TITLE **D** ☐ Delete
NAME **MORALES, PATRICIA**
STREET ADDRESS **17600 NORTH BAY ROAD APT. 407**
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33160**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **11317 SW 17TH COURT**
CITY-ST-ZIP **MIRAMAR, FL 33025**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **SAME**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **SAME**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #