


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 682223**

1. Entity Name  
**MARCAB, INC.**



Principal Place of Business      Mailing Address

**540 NE 164 TERRACE  
 MIAMI FL 33162**      **540 NE 164 TERRACE  
 MIAMI FL 33162  
 US**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E034 (10/07)

4. FEI Number      Applied For

**59-2051544**      Not Applicable

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

6. Name and Address of Current Registered Agent

**GOLDSTEIN, MARILYN  
 540 NE 164 TERR  
 MIAMI FL 33162**

7. Name and Address of New Registered Agent

Name

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

City      **FL**      Zip Code

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 registering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

| 10. OFFICERS AND DIRECTORS |                                    |
|----------------------------|------------------------------------|
| TITLE                      | PT <input type="checkbox"/> Delete |
| NAME                       | GOLDSTEIN, MARILYN S.              |
| STREET ADDRESS             | 540 NE 164TH TERRACE               |
| CITY- ST- ZIP              | MIAMI FL 33162                     |
| TITLE                      | SD <input type="checkbox"/> Delete |
| NAME                       | GOLDSTEIN, ROBYN                   |
| STREET ADDRESS             | 17673 SW 18TH ST.                  |
| CITY- ST- ZIP              | MIRAMAR FL 33029                   |
| TITLE                      | V <input type="checkbox"/> Delete  |
| NAME                       | GOLDSTEIN, ELAINE                  |
| STREET ADDRESS             | 1250 HOLLYWOOD BLVD                |
| CITY- ST- ZIP              | HOLLYWOOD FL 33019                 |
| TITLE                      | S <input type="checkbox"/> Delete  |
| NAME                       | GOLDSTEIN, JOEL                    |
| STREET ADDRESS             | 18453 NW 21 ST                     |
| CITY- ST- ZIP              | HOLLYWOOD FL 33029                 |
| TITLE                      | <input type="checkbox"/> Delete    |
| NAME                       |                                    |
| STREET ADDRESS             |                                    |
| CITY- ST- ZIP              |                                    |
| TITLE                      | <input type="checkbox"/> Delete    |
| NAME                       |                                    |
| STREET ADDRESS             |                                    |
| CITY- ST- ZIP              |                                    |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY- ST- ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY- ST- ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY- ST- ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY- ST- ZIP   |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: MARILYN GOLDSTEIN**      *Marilyn Goldstein*      4/10/08

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