


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Sep 11, 2007 08:00 AM
Secretary of State**

DOCUMENT # F06000002208 1. Entity Name MARSYS, INC.	
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Principal Place of Business 1670 S AMPHLETT BLVD #300 SAN MATEO, CA 94402	Mailing Address 1670 S AMPHLETT BLVD #300 SAN MATEO, CA 94402
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07022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 94-2974101	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**HERRERA, ANABEL
9725 SW 62ND STREET
MIAMI, FL 33173**

**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) DATE: _____

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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	C COLLAZO, CARLOS M 1670 S AMPHLETT BLVD #300 SAN MATEO, CA 94402
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS PARK, NEIL M 1670 S AMPHLETT BLVD #300 SAN MATEO, CA 94402
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERRERA, ANABEL 1670 S AMPHLETT BLVD #300 SAN MATEO, CA 94402
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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09/11/07-80004-007 150.00

**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, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sep 5, 2007

Date

650-655-4000

Daytime Phone #