
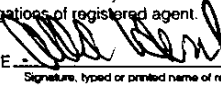



**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90021 023 \*\*\*158.75

<b>DOCUMENT # P96000098364</b>			
1. Entity Name <b>MARBELY MOTORS, INC.</b>			
Principal Place of Business 71 E 49 ST HIALEAH, FL 33013		Mailing Address 4975 E PALM CT HIALEAH, FL 33013	
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
02032008		Chg-P CR2E034 (12/06)	
4. FEI Number 65-0717007		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HERNANDEZ, VICENTE R <del>4930 E. PALM CT.</del> HIALEAH, FL 33013		Name <b>Hernandez, Vicente R</b> Street Address (P.O. Box Number is Not Acceptable) <b>4975 E. Palm court</b> City <b>hialeah</b> FL Zip Code <b>33013</b>	
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  <b>Vice President</b>		DATE <b>02/04/08</b>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, VICENTE R 4930 E. PALM CT. HIALEAH, FL 33013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	> same <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4975 E. Palm court hialeah FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERNANDEZ, ALBA 4930 E PALM CT HIALEAH, FL 33013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	> same <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4975 E. Palm court hialeah FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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  <b>Vice-President</b>		DATE <b>02/04/08</b> (305) 725-5818	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	