## 2007 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Feb 26, 2007 08:00 A Secretary of State **DOCUMENT # P97000046222** 1. Entity Name K.M. MARLBE, INC. Principal Place of Business Mailing Address 14025 SW 143 CT 14025 SW 143 CT **BAY 26 BAY 26** MIAMI, FL 33186 MIAMI, FL 33186 02222007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0756217 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent SANCHEZ, PANFILO DO NOT WRITE 4729 SW 135 PL MIAMI, FL 33175 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS DPT TITLE SANCHEZ, PANFILO NAME STREET ADDRESS 4729 SW 135 PL CITY-ST-ZIP MIAMI, FL 33175 U00000648730 03/07/07-80021-001 150.00 TITLE NAME SANCHEZ, MARVEL A STREET ADDRESS 4729 SW 135 PL CITY-ST-ZIP MIAMI, FL 33175 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:** 

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #